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ABSTRACT

This report profiles state efforts to develop comprehensive programs and policies for young children and families, presents indicators of child and family well-being, and describes state investments in young children and families. Chapter 1, "Overview of Findings and Implications," identifies the research questions, describes data collection procedures, summarizes findings, identifies trends and implications, and concludes that states are making progress focusing on young children and families, but neither state leadership nor investment is deep enough across all the states. Chapter 2, "The State of the States: Program and Policy Initiatives for Young Children and Families--Trends, Issues and Challenges," describes the kinds of programs and policy initiatives that states are supporting, highlighting overall trends, and illustrating state exemplars. Chapter 3, "The State of the States: A National Perspective on State-by-State Indicators," provides a national perspective on state indicators of well-being and investments and illustrates how indicators might be used more strategically in program and policy development to achieve better outcomes. Chapter 4, "Profiles of Individual States," contains state-by-state summaries of: (1) program initiatives to promote the well-being of young children and families, focusing on comprehensive programs, systems development, community mobilization, and linking welfare reform with child initiatives; (2) indicators of state investments and supports in early care and education, child health, TANF provisions, and income maintenance; and (3) indicators of child and family well-being, including poverty rates, family structure, prenatal care, vaccination rates, incidence of low birthweight, and infant

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mortality rate. Six appendices include indicator summary tables, state contacts, and a glossary. (KB)

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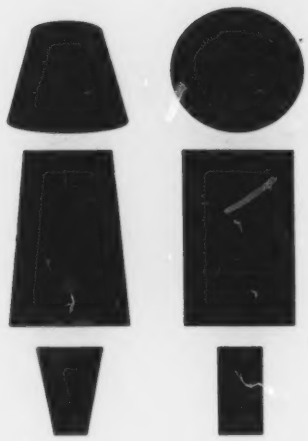
MAP AND TRACK

STATE INITIATIVES FOR YOUNG CHILDREN AND FAMILIES

1998 Edition



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MAP AND TRACK

STATE INITIATIVES FOR YOUNG CHILDREN AND FAMILIES

1998 Edition

JANE KNITZER
STEPHEN PAGE

NATIONAL CENTER FOR CHILDREN IN POVERTY

National Center for Children in Poverty

The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States, and that improve the life chances of the millions of children under age six who are growing up poor.

The Center:

- Alerts the public to demographic statistics about child poverty and to the scientific research on the serious impact of poverty on young children, their families, and their communities.
- Designs and conducts field-based studies to identify programs, policies, and practices that work best for young children and their families living in poverty.
- Disseminates information about early childhood care and education, child health, and family and community support to government officials, private organizations, and child advocates, and provides a state and local perspective on relevant national issues.
- Brings together public and private groups to assess the efficacy of current and potential strategies to lower the young child poverty rate and to improve the well-being of young children in poverty, their families, and their communities.
- Challenges policymakers and opinion leaders to help ameliorate the adverse consequences of poverty on young children.

The Authors

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In 1996, these Governors said:

Our aim is ... to make an unprecedented commitment to the one priority that I believe ranks above all others—the health and education of our children. Most Ohioans have had enough welfare—enough poverty—enough drugs—enough crimes. Most would love to see that debilitating cycle broken, and the people trapped within it, freed—once and for all. So would I.

The only way to do it is to pick one generation of children—draw a line in the sand—and say to all: This is where it stops.

Governor George V. Voinovich, 1995
State of Ohio

The questions we must answer are these: Can we fill a child's mind and a child's soul as well as we can fill a pothole or a prison cell? Can we educate a promising young person as effectively as we can incarcerate a threatening one? How we answer these questions is the true measure of our reach as a people. I am convinced that how we answer will set the course for our future.

Governor Roy Romer, 1995
State of Colorado

In 1998, these Governors said:

Research now confirms what many parents have instinctively always known: young children need lots of attention from the adults in their lives. What happens during a child's early years can affect every aspect of his or her life through adulthood—it will help determine whether he will become involved in crime and delinquency or whether she will be a self-sufficient member of society.

Providing a nurturing environment for our children is the responsibility of every parent, every citizen, and every policymaker. Oregon is committed to investing in our children and families through community-based supports that are coordinated to achieve nurturing environments and better outcomes.

Governor John A. Kitzhaber, 1998
State of Oregon

Our children are our future, and we must do all we can to ensure that they lead fulfilling lives. We are doing our part in Rhode Island to make sure that every child has access to health care, quality day care, and a sound education. These are the best investments we can make for the next century.

Governor Lincoln Almond, 1998
State of Rhode Island

ACKNOWLEDGMENTS

This third report in the *Map and Track* Series has gained much from the astute comments of our colleagues at NCCP. Work on conceptualizing and collecting and analyzing data on state investments and indicators on child well-being was done by a dedicated group including Stanley Bernard, Neil Bennett, Ann Collins, Jiali Li, Jessica Piecyk, Laura Stout, Gillian Silver, and Jessica Alexander. Stanley Bernard also assembled information from the state surveys. Jiali Li did the numerous runs of statistical data used in the report. Kate Sandel, an intern at the National Governors' Association, did a superb job in calling all the states countless times over the summer for us. Other valuable assistance was given by NGA's Helene Stebbins. Donna Cohen Ross at the Center for Budget and Policy Priorities has graciously shared the data they collect periodically on Medicaid eligibility rates. Thanks, too, to Gina Adams at the Children's Defense Fund for sharing CDF's update on child care data. Thanks go, again, to the dedicated production and communications team at NCCP who did much of the difficult work necessary to publish this edition of *Map and Track:* Carole Oshinsky, Elizabeth Siecke, Julian Palmer, Laura Stout, and Jamie Hickner. We would also like to take this opportunity to acknowledge the work of Beth Atkins Clinton, our Director of Publications when the first *Map and Track* report appeared, in developing the design for the *Map and Track* series, to Telly Valdellon, NCCP Publication's Associate, for the page layout and graphic design, and to Mary O'Connor, copy editor for the series. We would also like to thank the foundations that have generously supported this work: the Carnegie Corporation of New York, the Danforth Foundation, and the Annie E. Casey Foundation.

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The Message at a Glance

Recent research on early brain development and on-going research on the effects of comprehensive programs for young children and families point to the importance of investing in efforts to improve the well-being of young children and families. This report profiles what states are doing to promote the well-being of America's youngest children and families.

The Questions

Map and Track asks and answers six core questions:

1. Are there statewide strategies to enhance the development of infants and toddlers?
2. Are there statewide strategies to promote early learning and well-being among preschool-aged children?
3. Are there statewide strategies to support families with young children as they face the challenges of parenting?
4. Are states linking comprehensive programs for young children with welfare reform implementation?
5. Are there strategies to mobilize community leadership around an agenda for enhancing the life chances and opportunities of America's youngest citizens?
6. Is there high-level leadership, vision, and a coherent framework around which the state can develop and sustain a bipartisan commitment to its young children over time?

The Findings

In many states there is a deepening commitment to comprehensive programs and planning for young children and families.

- Twenty-four states report supporting statewide, comprehensive programs for infants and toddlers. Since 1996, ten states have started or added new programs.
- Thirty-four states report supporting statewide, comprehensive programs for preschoolers, many of them expanded since 1996.
- Twenty-five states report statewide, comprehensive family support or parent education programs on behalf of young children and families (and often, older children as well). Since 1996, eight states have started or added new programs.
- Twenty-seven states report specific systems change and/or community mobilization strategies. Fourteen of these include explicit attention to young children and families.

- There has been a growth in state funding of "enabling grants" to communities (and sometimes school districts) to design early childhood programs tailored to local needs.
- The eight states identified as providing the most comprehensive initiatives in 1996 continue to do so, deepening their vision, leadership, and focus on young children and families.
- Thirteen states have developed both comprehensive programs and community mobilization strategies focused on young children.

The commitment to programs for young children and families is not evident in every state or throughout the states that have made commitments.

- There are no statewide programs for infants and toddlers in 26 states, and none for preschoolers in 16 states. Half of the states are not making statewide efforts to develop family support programs for young children and families.
- Only eighteen states report programs for both infants and toddlers *and* preschoolers.
- Even programs intended to be statewide are not necessarily implemented in all parts of the state.
- Overall levels of funding for comprehensive programs reported in *Map and Track* on behalf of young children and families in most states remain relatively low, with half of the states spending under $10 million and three-quarters spending under $50 million. (Data do not permit per capita analysis.)
- The seven states that had no state initiatives on behalf of young children and families in 1996 still have no statewide efforts (although one state has a new pilot and two states have continuing pilot efforts).
- Only 10 states report special efforts to link welfare reform implementation with comprehensive children's programs or planning initiatives.

Lessons and Implications

- There is still a lack of high-level leadership to weave publicly-supported programs, public-private partnerships, and community mobilization efforts into a coherent framework for sustained high-priority attention to young children and families.
- Across most states the momentum to develop comprehensive programs that address multiple needs of families continues.
- Schools are playing a more important role in the developing vision of an early care and education system for young children and families.
- There is greater flexibility in funding strategies for program development across the states.
- A handful of states are developing approaches to address the extreme stresses that affect a significant group of parents of young children.
- Most states have not yet exploited opportunities to link welfare reform and programs for young children and families.

- States are strengthening community mobilization strategies by providing technical assistance and linking these strategies to program development approaches.
- With the exception of a handful of states, there is little evidence that states, particularly those with indicators of young child and family well-being that are well below the national averages, are using data to drive policy investment.
- Hard fiscal indicators of per capita state investments in young children and families are non-existent.
- Research within and across the states is needed to help steer the next generation of program and policy development, and to ensure that public and private investments maximize positive impacts on young children and families.
- Outside catalysts, such as high-level leaders, foundations, and other state and national organizations make a difference in helping states strengthen policy leadership and initiatives.

Four Steps Leaders Can Take

1. Leaders can develop explicit strategies on behalf of young children and families at the state, community, and national levels to build greater capacity to increase public, legislative, bureaucratic, and community understanding of the rationale for investing in young children and families.
2. Leaders can ensure that a solid research agenda, responsive to the real questions policymakers need answered, is crafted community by community and state by state.
3. Leaders can encourage states and communities to map opportunities for linkage across different programs, policies, and partnerships that affect young children and families and to use this information to drive fiscal and policy decisions.
4. Leaders can be the catalysts for the development of comprehensive, sustained, deliberate initiatives on behalf of young children and families in states that now lack such initiatives and in states transitioning between administrations.

CHAPTER 1

Overview of Findings and Implications

Setting the Context

This report is about what states are doing to promote the well-being of America's youngest children and their families. It aims to paint a picture of the level of commitment to young children and families across the states, updating and expanding the information provided in the first edition of *Map and Track* released in 1996, entitled *Map and Track: State Initiatives for Young Children and Families.* The focus is on six core questions related to program and policy initiatives:

- Are there statewide strategies to enhance the development of infants and toddlers?
- Are there statewide strategies to promote early learning and well-being among preschool-aged children?
- Are there statewide strategies to support families with young children as they face the challenges of parenting?
- Are states linking comprehensive programs for young children with welfare reform implementation?
- Are there strategies to mobilize community leadership around an agenda for enhancing the life chances and opportunities of America's youngest citizens?
- Is there high-level leadership, vision, and a coherent framework around which the state can develop and sustain a bipartisan commitment to its young children over time?

In addition, the report includes data on state-by-state indicators of young child and family well-being, on state-by-state investments in basic support services for young children (e.g., health care, child care, and early education), and on indicators relevant to how welfare reform implementation is likely to affect families with young children.

Together these data and the answers to the questions posed above provide a rich view of state commitments to young children and families as well as information about overall trend and emerging policy issues.

Why *Map and Track* Matters

Since *Map and Track '96* was released, the central question of what states are doing to promote the well-being of America's youngest children and families is, if anything, more relevant, and the need for systematic data more urgent. This is so for three sets of reasons:

- **Brain research shows early relationships are key to later emotional well-being and cognitive accomplishments.** New research on brain development has dramatically confirmed that the earliest years are critical not only in shaping later cognitive development but also in determining a child's emotional development.[1] This society has made a commitment to ensuring every child will enter school ready to learn.[2] Early brain research strengthens the argument that investing in infants and toddlers and their families is where this effort should start.

- **Demographic data highlight that 43 percent of all young children are living in poverty or near poverty.** Recent analyses indicate that a stunning 43 percent of all young children under age six are growing up in poverty, extreme poverty or near poverty.[3] Although there is considerable state-by-state variation, this means that, in total, some 10 million young American children are affected by the risks that poverty poses to their health, school success, and future employment.[4] Thus, demographic patterns also reinforce the arguments for significant and ongoing investments in early childhood.

- **Federal legislation affecting young children creates new options for the states.** Two major new federal laws, enacted since the 1996 edition of *Map and Track*, have the potential to greatly affect the lives of young children and families, particularly those with low incomes. One is the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) as amended by the 1997 Balanced Budget Act (BBA). This law offers states new options in developing strategies to help families move from welfare to work, particularly through Title I, Temporary Assistance to Needy Families (TANF).[5] The other is the new Title XXI of the Social Security Act, the State Child Health Insurance Program (SCHIP),[6] which provides states with $20.3 billion over the next five years to expand health care coverage for low-income children. It is also possible that in the near future there will be significant new funding for child care programs.[7] This emerging federal framework provides important new incentives and opportunities for states to maximize their own investments in young children and families.

New knowledge about early brain development and demographic patterns, coupled with new federal legislation, increase the importance of tracking state-by-state variation. Tracking makes it possible to identify emerging national trends, foster state-to-state transfer of knowledge about what works and what does not, and call attention to states where young children are not faring well. This is vital for the lives of the 23 million young children under age six in this country and is essential, in the long run, for the well-being of the nation.

Map and Track '98 paints a picture of the level of policy commitment to young children and families across the states, updating and expanding the information provided in the first edition. To provide answers to the six core questions, *Map and Track '98* provides three types of data for each state: information about state efforts to develop comprehensive programs and policies for young children and families, that is, those that meet multiple needs; indicators of child and family well-being; and information about state investments in young children and families. (See Box 1.1 for an overview.) The program and policy framework is the same as that used in 1996 with one exception: Given the impor-

Box 1.1

Three Types of State-Specific Program and Policy Initiatives for Young Children and Families

1. Comprehensive Programs

- For infants and toddlers, ages birth to three (e.g., home visiting, parent education, and early care)
- For preschoolers, ages three to six (e.g., prekindergarten programs, funds to communities to intensify efforts to promote early school success)
- For families with young children (e.g., school or community-based family support programs)

2. Community Mobilization and Strategies for Systemic Change

- Community mobilization strategies and state-level strategies to promote systemic change that have an explicit focus on young children and their families
- Community mobilization strategies and state-level strategies to promote systemic change without any explicit focus on young children, but with the potential to include such a focus

3. Explicit State Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Four Types of State Investments in Supports for Young Children and Families

1. Early Care and Education

- Whether state investments in child care subsidies have increased by 10 percent or more since the last edition of *Map and Track*
- Whether the state supplements the federal Head Start program and/or other federal early childhood programs
- Whether the state has a statewide prekindergarten program

2. Child Health

- Whether the state Medicaid eligibility level is above the required level for infants
- Whether the state Medicaid eligibility level is above the required level for children ages 1–6

3. Selected State Welfare Provisions Affecting Young Children and Families

- The time period mothers with infants are exempt from work requirements
- Whether families can keep more earnings and assets than under AFDC
- Whether families are given some proportion of child support collected on their behalf

4. Other Income-Promoting Supports to Low-Income Families

- Whether the state provides earned income tax credit or state dependent child care tax credit to low-income families
- Whether the state provides job training and other assistance to noncustodial parents

Four Types of State-Specific Indicators of Young Child and Family Well-Being

1. Young Child Poverty Rates

- Percent of young children in extreme poverty, poverty, and near poverty

2. Family Structure

- Percent of young children in single- and two-parent families

3. Socioeconomic Status of Families With Young Children

- Percent of young children whose more educated parent did not finish high school
- Percent of young children with mother working part- or full-time
- Percent of young children without *any* parent working full-time
- Average poor family's income as a percent of the poverty line
  - without AFDC
  - with AFDC

4. Young Children's Health and Well-Being

- Percent of women receiving late or no prenatal care
- Percent of 19–35 month-old children not vaccinated
- Percent of infants born of low birthweight
- Infant mortality rate (per 1,000 live births)
- Percent of low-income young children without health insurance

The Number of Children in Each State Under Age Six

tance of changes in welfare policies for children, information was sought about deliberate state efforts to link comprehensive program initiatives on behalf of young children and families with welfare reform implementation. The indicator framework is also similar to that used in 1996, but it too includes new information related to welfare reform as well as information about young children who lack health insurance.

The questions about links between welfare and comprehensive programs for young children and the indicators related to welfare reform were guided by a framework developed at NCCP to understand the potential impact of welfare reform on outcomes for children. That framework suggests that welfare reform will help children to the extent that it increases family income, reduces family and parenting stress, and continues to ensure that young children have access to basic and support services. It will hinder positive outcomes to young children to the extent that it reduces family income, increases stress, and reduces children's access to basic and specialized services.[8]

How *Map and Track '98* Data Were Collected

The research strategy for *Map and Track '98* builds on the approaches used in 1996. Working closely with the National Governors' Association (NGA), a preliminary survey was sent to the states in the spring of 1997 and an interim report was prepared for the NGA's summer 1997 annual meeting. During the fall and winter of 1997, these data were updated and refined, and summary descriptions of each state's initiatives were developed.[9] These were sent to each state for a final review.

For the 1998 indicators of young child and family well-being, the demography unit of NCCP prepared state-by-state analyses based on the U.S. Census Bureau's Current Population Survey data. Because of small yearly sample sizes, five-year averages were used. (Five-year averages were also used for the comparable national statistics, hence, they may vary slightly from other national numbers that are based on single years of data.) The 1997 program and policy survey did not include either the District of Columbia or the U.S. territories, although demographic data for the District of Columbia are included. For the data on state investments in young children, two special state surveys were conducted: one on changes over two years in levels of state subsidies for child care; one on state choices in designing their welfare reform initiatives that are particularly relevant to young children and families. Demographic data on health status were gathered from secondary sources.

What *Map and Track '98* Does and Does Not Do

Programs that are included in the state profiles are: state-funded (rather than supported primarily with federal dollars); specially designed to serve families with young children; comprehensive (including attention to child development, family support, nutrition, substance abuse, etc.); and available (or with an intent to be available) statewide. *Map and Track* does not include data on specific state activities to increase access to child care or health care, first, because other national organizations already monitor these developments carefully,[10] and second, because NCCP's focus is on comprehensive programs that seek to meet the multiple needs of families, and on state strategies to build political and fiscal support for sustained policy development on behalf of young children and families. (We do, however, note special child care initiatives that were reported to us

by the states in the context of our queries about links between their agenda for young children and families and welfare reform implementation.) It is also useful to remember that *Map and Track '98* represents point-in-time information. Further, only enacted and/or implemented initiatives are included, not those that have been proposed (although if reported, these are noted in footnotes in the state profiles.) These data are, to the best of our knowledge, accurate as of the fall of 1997. At the same time, we recognize that states are not static, and there are frequent, sometimes substantial, changes. Therefore any information about such changes is welcome.

The State of the States: Program Initiatives

Are there statewide strategies to enhance the development of infants and toddlers?

Just under half of the states (24) are now funding one or more statewide programs for infants and toddlers. This reflects growing policy recognition of the importance of the earliest years in affecting children's development and life chances.

Program strategies include:

- outreach screening and one or two home visits to parents with newborns to encourage prenatal care and support healthy baby care (these aim to be widely or universally available);
- comprehensive programs for high-risk infants and toddlers that aim to prevent child abuse and/or help families facing complex environmental or biological risks;
- parenting education and family support initiatives to provide basic information to parents about young children's development and to strengthen infant-parent relationships; and
- initiatives to respond to specialized needs (e.g., subsidies to permit parents of infants to care for their own children, or programs to enhance the mental health of parents and their babies).

- Since 1996, ten states have started new statewide programs for infants and toddlers. Five of these are in states that did not have programs for this age group before—Colorado, Indiana, Minnesota, Nevada, and Rhode Island.
- In 1996, 18 states funded 24 programs for infants and toddlers. In 1998, of the 24 programs, 14 have been expanded and seven have been funded at the same level.
- Two states, Minnesota and Oklahoma, report supplementing the federal Early Head Start program with either state or TANF funds.
- Funding levels for individual program initiatives serving infants and toddlers range from under $1 million to over $31 million.

Are there statewide strategies to promote early learning and well-being among preschool-aged children?

Sixty-eight percent (34) of the states are funding statewide programs for preschoolers. One state has developed a new pilot program.

Program strategies include:

- comprehensive prekindergarten programs (sometimes with home-based as well as classroom-based components);
- parent education, family support, and family literacy initiatives that help parents enhance their own literacy skills while strengthening parenting skills; and
- funds provided by the state for communities and school districts to design services that meet the child care and early education needs of young children.

- No state that did not have programs for preschoolers in 1996 has added any, although Tennessee has started a large pilot program.
- Three states, Connecticut, New Jersey, and New York, that already had funded programs for preschoolers are developing significant new ones.
- In 1998, of the 41 programs reported by 34 states in the first edition of *Map and Track*, 25 have been expanded, 12 have been funded at the same level, and four have had their funding reduced.
- Fourteen states report supplementing the federal Head Start program in 1998 (as was true in 1996), while two states report supplementing the federal Even Start family literacy program.
- Funding for preschool programs ranges from $300,000 to over $200 million.

Are there statewide strategies to support families with young children as they face the challenges of parenting?

Half (25) of the states are now funding statewide programs that are explicitly designed to help families face the challenges of parenting and, in some instances, address community gaps in early childhood services, or meet specific goals, such as school readiness.

Program strategies include:

- family support and parent education programs for children from birth to six;
- incentive funds to communities to design services for young children and families to help meet specified goals (such as ensuring that young children enter school ready to learn or preventing future crime); and
- initiatives to respond to specialized needs (e.g., linking the early childhood community with support services to help them address substance abuse, domestic violence, and young children with emotional and behavioral problems).

- Since 1996, eight states have created new programs to strengthen families and their children and/or community responses to young children. These include four states,

Alaska, Rhode Island, Texas, and West Virginia, that had not previously supported such programs.

- Of the 28 programs reported by 21 states in the first edition of *Map and Track,* 16 have been expanded, seven have been funded at the same level, and five have had their funding reduced.
- There is an emerging trend for states to use "enabling grants" to promote community involvement and foster the design of community-specific early childhood networks of programs to meet local needs.
- Although programs are comprehensive, few states report specific efforts to include either custodial or noncustodial fathers in their program design.
- Funding levels range from about $1 million to $10 million.

The State of the States: Linking Welfare Reform and Programs for Young Children and Families

Are states linking children's programs with welfare reform implementation?

Ten states report explicit efforts to link welfare strategies with comprehensive program initiatives (other than child care) on behalf of young children and families.[11]

Strategies to link welfare reform and children's programs include:

- using TANF and/or other dollars to expand or target services (e.g., home visiting) specifically to families with young children receiving, or at risk of receiving welfare;
- explicitly requiring or encouraging parents with young children to participate in parenting programs either in lieu of, or in tandem with work requirements; and
- giving priority for program enrollment to young children in families at risk of, or receiving public assistance.

- No state reported explicitly reinvesting dollars from caseload closings in programs for young children, although some states (e.g., Indiana, Ohio, Oklahoma, and New Hampshire) are using TANF dollars on their behalf. In Ohio, for example, the state is supplementing state dollars for Early Start with TANF funds.

The State of the States: Toward Comprehensive Initiatives for Young Children and Families

Are there strategies to mobilize community leadership around an agenda for enhancing the life chances and opportunities of America's youngest citizens?

Just over half (27) of the states report community mobilization strategies linked with state-level strategies to promote systemic change on behalf of children. Fourteen of these include a clear focus on young children and families.

Community mobilization and systems development approaches include:

- strategies that focus *only* on young children and families;
- strategies that include explicit attention to young children and families in the context of planning and mobilization efforts for older or all-aged children (e.g., they require attention to young children in activities, goal achievement, etc.); and
- strategies that do not currently include any explicit focus on young children, but have the potential to do so either at the local level or through changed state-level expectations.

- Four states report community mobilization/systems change strategies that focus exclusively on young children and their families. Two other states report only state-level strategies.
- Ten states report an explicit focus on young children and families in the context of a broader community mobilization/systems change strategy.
- Thirteen states report community mobilization and systems change strategies focused on all children but with the potential to focus on young children. (In two of the states, Nebraska and Florida, there are also state or community mobilization efforts focused on young children.)
- Several states that only had state-level strategies in 1996 have added community-mobilization components.

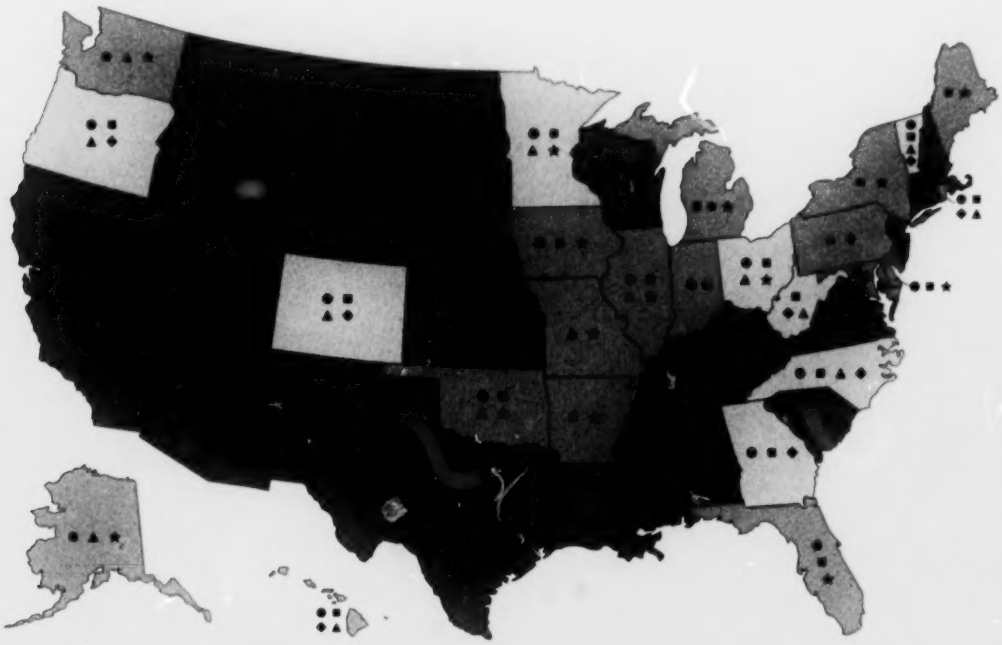
Is there high-level leadership, vision, and a coherent framework around which the state can develop and sustain a bipartisan commitment to its young children over time?

State approaches to investing in young children and families vary. Some states support only programs, others, programs and community mobilization strategies, and a small number, comprehensive initiatives that encompass high-level, sustained leadership and multiple strategies. Overall, the types of approaches that states use to define their investment in young children and families have remained relatively static since 1996.[12] (See Map 1.1.)

- In both the 1996 and 1998 *Map and Track,* only eight states, Colorado, Georgia, Minnesota, North Carolina, Ohio, Oregon, Vermont, and West Virginia, met our criteria for comprehensive initiatives—some combination of high-level leadership, integrated program and community mobilization strategies, continued commitment to increased funding, and a framework for state action.
- Seventeen states report both statewide comprehensive program initiatives for infants and toddlers and preschoolers as well as systems development and community mobilization activities (sometimes also focused on young children). In 1996, only ten states met this criteria. However, of the five states with new community mobilization initiatives and program development strategies, only one, Hawaii's, focuses exclusively on young children.
- Eighteen states report *only* program development strategies. These are the states that do not report any community mobilization strategies linked to efforts to promote systemic change. In 1996 twenty-six states reported only program development strategies.

Map 1.1

State-by-State Strategic Approaches for Enhancing the Well-Being of Young Children and Families



States funding comprehensive initiatives that combine high-level leadership, integrated program and community mobilization approaches, continued commitment to increased funding, and a framework for state action [8]

States funding both community mobilization strategies for young children with potential to serve young children and comprehensive programs [17]

States funding only comprehensive programs [18]

States not funding any comprehensive programs [7]

● States funding programs for infants and toddlers [24]

■ States funding programs for preschool-aged children [34]

▲ States funding programs for children from ages 0–6 and their families [25]

◆ States with young child-focused community mobilization strategies [14]

★ States with community mobilization strategies with potential to focus on young children [13]

P States funding only *pilot* programs [3]

States Funding:			
Comprehensive Initiatives [8]	**Community Mobilization and Comprehensive Programs* [17]**	**Comprehensive Programs Only [18]**	**No State Initiatives [7]**
Colorado	Alaska	Arizona	Alabama (P)
Georgia	Arkansas	California	Idaho*
Minnesota	Delaware	Connecticut	Mississippi (P)
North Carolina	Florida	Kansas	Nebraska (P)
Ohio	Hawaii	Kentucky	North Dakota**
Oregon	Illinois	Louisiana	South Dakota
Vermont	Indiana	Massachusetts	Wyoming
West Virginia	Iowa	Montana	
	Maine	Nevada	
	Maryland	New Hampshire	
	Michigan	New Jersey	
	Missouri	New Mexico	
	New York	South Carolina	
	Oklahoma	Tennessee	
	Pennsylvania	Texas	
	Rhode Island	Utah	
	Washington	Virginia	
		Wisconsin	

* Idaho is funding a clearinghouse for information regarding infants and toddlers.

** These include community mobilization strategies focused on both young children and all-aged children.

- Seven states, Alabama, Idaho, Mississippi, Nebraska, North Dakota, South Dakota, and Wyoming, report *no* state-initiated statewide program development efforts on behalf of young children and families. Of these, one has a new pilot program and two have continuing pilot programs.

The indicators of young child and family well-being in *Map and Track '98* highlight considerable, sometimes dramatic, state-by-state variation in specific indicators.

Box 1.2 represents a picture of the range of state-by-state variation in indicators of young child and family well-being. (The bar graphs at the end of Chapter 3 show exactly where each state stands.) Several other points are also noteworthy:

- In 18 states, 70 percent or more of mothers with young children are already working. In only one state are less than half the mothers working. (These data do not include information about the impact of recent changes in welfare policies.)
- In no state do cash assistance benefits alone move the average poor family to the poverty line, which, in 1996, was $16,036 for a family of four.
- In four states over twenty-five percent of young children lack health insurance.

Young Child and Family Well-Being

- Four states report special literacy initiatives for young children and families, but only one of them, Arizona, has very low rates of high school graduation among parents of young children.
- Of the states with the highest levels of young children in poverty, only one, West Virginia, has developed a sustained, comprehensive set of initiatives on behalf of young children and families.

Early Care and Education and Child Health Indicators

- Twenty-six of the 46 states responding to the special NCCP survey indicate that they have increased state funding for child care subsidies by more than 10 percent during the last two years.
- Twenty-seven states report funding prekindergarten programs, 14 of them report supplementing Head Start, and seven report funding both.
- Thirty-nine states report higher-than-required Medicaid eligibility levels for infants, while only 16 states report higher-than-required levels for children under six. In *Map and Track '96*, the comparable figures reported were 34 and eight.
- While the correlation is not perfect, there are some signs that the states that have made the greatest investments in basic supports for young children and families are

also the states that are most actively developing comprehensive program and community mobilization initiatives.

Welfare-Linked Indicators

- Over half the states have taken advantage of the option to exempt mothers with infants from work requirements for up to one year, and 12 percent report an exemption for over one year based on preexisting waivers. The remaining states report no exemptions or exemptions lasting between three and six months.
- By and large, states have made some effort, using the opportunities afforded through the 1996 Personal Responsibility and Work Opportunities Reconciliation Act, to enhance the income of families receiving public assistance. Forty-three states report permitting families to keep more earnings, and all 50 states report permitting families to keep more assets than was possible under AFDC, although state levels of generosity vary.
- Twenty-nine states indicate that they will provide some form of job-related assistance to low-income noncustodial fathers, although only 12 states report using funding from the 1997 Balanced Budget Act.

Box 1.2

	National Statistics	Variation in State Statistics	
		Low	*High*
Young Child Poverty Rates			
Percent of young children in extreme poverty (at or below 50 percent of the poverty level)	12%	2%	26%
Percent of young children in poverty (at or below 100 percent of the poverty level)	25%	11%	44%
Percent of young children in near poverty or worse (at or below 185 percent of the poverty level)	44%	28%	63%
Family Structure			
Percent of young children in single-parent families	28%	12%	58%
Percent of young children in two-parent families	70%	40%	87%
Socioeconomic Status of Families with Young Children			
Percent of young children whose more educated parent did not finish high school	15%	3%	29%
Percent of young children whose more educated parent just finished high school	28%	18%	40%
Percent of young children with mother working part- or full-time	64%	46%	83%
Percent of young children without *any* parent working full-time	33%	20%	58%
Average poor family's income (with a child under age six) as a percent of the poverty line			
Without AFDC	39%	24%	57%
With AFDC	52%	42%	65%
Young Children's Health and Well Being			
Percent of pregnant women receiving late or no prenatal care	4.2%	1.3%	14.9%
Percent of 19–35 month-old children not vaccinated	23%	13%	37%
Percent of infants born of low birthweight	7.3%	5.3%	13.4%
Infant mortality rate (per 1,000 live births)	7.6	5.2	16.2
Percent of low-income young children without health insurance	19%	5%	32%

- Twenty-one states report permitting families to keep some level of child support collected on their behalf, although only seven have increased the amount from the previously allowable $50 pass-through.
- Ten states report either a state earned income tax credit (EITC) or a state dependent child care tax credit; five of these have both, five have only the EITC. This has not changed since 1996.

The State of the States: Putting It All Together

Taken together, the pattern of findings is mixed. There has been an increase in the number of programs for infants and toddlers, an expansion of support for preschoolers in most states that have already made a commitment to this age-group, and a growing recognition of the importance of meeting the needs of families in the context of meeting the needs of young children. There has also been a new trend toward providing enabling funds to communities (or sometimes school districts), encouraging them to design early childhood services for young children and families that are tailored to the particular needs of a community. Further, although overall levels of state investments in comprehensive programs for young children and families remain relatively low, the number of programs with increased funding outweighs those with reduced funding in the two years since the first edition of *Map and Track*.

At the same time, the commitment to develop programs for young children and families is not evident in every state. There are still no statewide programs for infants and toddlers in 26 states and none for preschoolers in 16 states. Twenty-five states lack family support and parent education initiatives targeted to families with young children. Further, even programs intended to be statewide are not necessarily implemented in all parts of the state. Only 10 states report explicit strategies to link comprehensive children's programs and welfare reform.

Lessons and Implications

An analysis of where the states stand with respect to program and policy initiatives, leadership, and state-by-state indicators suggests that there are 12 important trends and lessons:

1. **There is still a lack of high-level leadership to weave publicly-supported programs, public-private partnerships, and community mobilization efforts into a coherent framework for sustained high-priority attention to young children and families.** Despite evidence of commitments to program development and enhanced community mobilization across the states, no new state has joined the group of states, Colorado, Georgia, North Carolina, Ohio, Oregon, Minnesota, Vermont, and West Virginia, that have provided the most sustained leadership, investments, and vision for their youngest children and their families. Moreover, all but one of the states identified in 1996 as not having any comprehensive programs or community mobilization strategies focused on young children and families still do not have them. This static pattern suggests a need for more active focus on states that have not moved to develop deliberate, comprehensive initiatives on behalf of young children and families.

2. **Across most states the momentum to develop programs that address multiple needs of families continues.** Distinctions among different program types are blurring as states increasingly strive to create program approaches, whatever the age focus, to address parenting issues, child development issues, and adult development issues, including literacy and employment. It should be noted, however, that adult development strategies often seem to focus on mothers. Missing in state reports was evidence of efforts to engage fathers in the parenting process, particularly noncustodial fathers. Missing, too, was evidence of a commitment to assess the impacts of these flexible, comprehensive approaches, as well as to develop mechanisms to ensure program quality.

3. **Schools are playing a more important role in the developing vision of an early care and education system for young children and families.** In some initiatives, schools or school districts join community leaders to develop strategic plans and/or allocate funds to strengthen connections between child care and early education programs; in others, school formula grants are used as a source of funding for early childhood programs. In still others, states are making major investments in school-based prekindergarten programs. This is an important development that requires more scrutiny regarding best practices, immediate impacts on early school performance, and long-term links with school reform.

4. **There is greater flexibility in funding strategies for program development across the states.** Funding strategies, particularly those that provide flexible resources to communities to create systems of early care and education, are growing. At the same time, there is a need for a cautionary note: Several states have reduced prekindergarten programs targeted to high-risk young children and families to help finance these new, more flexible funding streams. What this will mean in the long run requires careful state-by-state assessments.

5. **A handful of states are developing approaches to address the extreme stresses that affect a significant group of parents of young children.** Of great concern to practitioners in the early childhood community has been the level of extreme stress in many families with young children, most typically related to domestic violence, substance abuse, and mental illness, as well as challenging behavior in young children. A few states are partnering with mental health, substance abuse, and early intervention agencies to invent a secondary support system that can join with the core early childhood programs identified throughout *Map and Track* to help some of the more vulnerable young children and families succeed. This new development may be particularly important in reducing employment-related barriers among the most vulnerable families.

6. **Most states have not yet exploited opportunities to link welfare reform and programs for young children and families.** Thus far there has been only limited systematic effort to develop programs or policies to link welfare reform implementation with efforts to enhance outcomes for young children and families and ensure that the children enter school ready to learn. Now that the basic design for welfare reform is in place in all the states, there is a need to fine-tune efforts, particularly those that involve families with young children, to ensure that the focus on child-related outcomes is significantly strengthened.

7. **To date, welfare reform appears not to have adversely affected the momentum to enhance programs and policies on behalf of young children and their families.** The fact that many states have at least marginally increased funds for programs for young children and families is encouraging. It suggests that states are according some priority to young children and families (although this varies dramatically by state). At the same time, while a few states are using TANF dollars to support services for welfare recipients with young children, there were no reports of states reinvesting funds from welfare case closings into enhancing outcomes for the next generation. Yet virtually all states are experiencing strong economies and large windfalls of welfare monies. This has two implications. Commitment to young children and families could change if the state's fiscal health changes and/or if too many families reach time limits for public assistance without having jobs. Moreover, it suggests that this is an opportune time for each state to consider the overall level of fiscal commitment to young children given the states' current positive fiscal circumstances.

8. **States are strengthening community mobilization strategies by providing technical assistance and linking these strategies with program development approaches.** States are using funding strategies, often linked to meeting certain general goals, to help communities develop services and supports for young children and families that are tailored to meet local needs. At the same time, some states are also forging new intergovernmental relationships with communities, for example, offering new kinds of technical assistance and providing "glue money" to sustain the time and energy it takes to make community involvement work. These innovations point to a growing recognition that many early childhood policymakers, advocates, and other leaders are ready to move beyond a "program-by-program" approach toward more of a community-based system of early childhood supports.

9. **With the exception of a handful of states, there is little evidence that states, particularly those with indicators of young child and family well-being that are well below the states' averages, are using data to drive policy investment.** Using the indicators to promote dialogues about where to begin the process of improving outcomes for young children and families, particularly in states that have not yet made significant investments, might be a productive way to begin. And, for the country as a whole, it is important to consider the implications of the patterns of state-by-state differences on the indicators.

10. **Hard fiscal indicators of per capita state investments in young children and families are non-existent.** For older children, school-based data provide important insights into state investments. For younger children, there is no single institution to provide core information, and no methodology to gather such data across agencies and institutions.[13] This limits both the kind of information that states have, and the ability to do cross-state analyses about investments in young children. It also suggests the need for the development of methodologies to gather such investment information.

11. **Research within and across the states is needed to help steer the next generation of program and policy development, and to ensure that public and private investments maximize positive impacts on young children and families.** Questions about what kinds of program, policy, and community mobilization strategies best promote the well-being of young children and families remain largely unanswered. Few state initiatives have evaluation components. Similarly, there are no hard data to

link programs with specific outcomes. Do young children who have attended prekindergarten, for example, do better in school, as some state research suggests? What is the impact on children's well-being of different patterns of work exemptions for mothers of infants? Answers to such questions are imperative to help move a coherent agenda for young children and families forward, yet there are few signs that they receive sufficient attention.

12. **Outside catalysts, foundations, and other state and national organizations make a difference in helping states strengthen policy leadership and initiatives.** Evidence continues to mount that high-level, especially gubernatorial, leadership within states is crucial. Outside catalysts also play an important role in mobilizing states. These catalysts include foundation initiatives, such as the Carnegie Corporation's Starting Points Program.[14] (The Corporation, in 1994, called national attention to the "crisis" affecting America's youngest children, and subsequently funded 14 sites in 10 states, to test out innovative approaches to improve conditions on their behalf.[15]) Catalysts also include federal programs, which the states often use as building blocks. State-to-state learning is also powerful, as states adopt and adapt strategies from each other. And finally, there is evidence that attention from national organizations also promotes the spread of new ideas and approaches, and helps to produce political as well as resource commitments leading to a more coherent approach to policy development on behalf of young children and their families.

What Can Be Done

Taken together, the findings in *Map and Track '98* provide insights about action steps that states and others might take to sustain and build the momentum that is visible on behalf of young children and their families and to address the signs that, without such attention, too many young children may not fare well. There are no quick fixes; helping individual families is often labor-intensive, and crafting policies that respond to real challenges requires care and knowledge. But, as we noted in 1996, models, strategies, leadership, and opportunities for young children and their families exist all across this country. To that end, a modest agenda for action follows:

- **Leaders can develop explicit strategies on behalf of young children and families at the state, community, and national levels to build greater capacity to increase public, legislative, bureaucratic, and community understanding of the rationale for investing in young children and families.** Leaders from foundations, states, communities, the federal government, and business have a critical role to play in building support to sustain and increase investments in young children and families in order to enhance their quality of life and their odds for success in the future.
- **Leaders can ensure that a solid research agenda, responsive to the real questions policymakers need answered, is crafted community by community and state by state.** Administrative data, community profiles, evaluation data, and outcome data can all be used to fine-tune initiatives and use the inevitably scarce resources most efficiently on behalf of young children and families.
- **Leaders can encourage states and communities to map opportunities for linkage across different programs, policies, and partnerships that affect young children and families and to use this information to drive fiscal and policy decisions.** State and federal policies on behalf of young children and families have often been segmented

and categorical. Deliberate analysis of opportunities—for example, to link welfare reform and initiatives for young children and families, to build policies using indicator data about how young children are faring, to add mental health and substance abuse agencies to emerging cross-agency partnerships, or to link state fatherhood agendas explicitly with early childhood agendas—can all yield substantial payoffs for states and, most importantly, for families.

- **Leaders can be the catalysts for the development of comprehensive, sustained, deliberate initiatives on behalf of young children and families in states that now lack such initiatives and in states transitioning from one administration to another.** Evidence is clear that gubernatorial, legislative, and other high-level leadership within states, foundation-initiated strategies, deliberate networking across the states, and activities of national organizations have had a visible impact on the level of state and community attention to young children and families. It is now time to promote a new generation of comprehensive, community-designed, goal-driven initiatives on behalf of young children and families that build, in a bipartisan way, on the lessons of the first generation programs, policies, public/private partnerships, and strategies highlighted in both this and the first edition of *Map and Track*.

Conclusion

This report paints a detailed portrait of the American response to the needs of young children and their families through a program and policy lens. It offers much information, and can be used in many ways—as a tracking document, as a resource guide, and as an advocacy tool. In the end, however, the central message is clear: States are making progress focusing on young children and families, but, with some exemplary exceptions, neither state leadership nor state investment is deep enough across all the states. Too many states lack any programs for either infants and toddlers, preschoolers, or family support. High-level leadership is key to building the kind of political, bureaucratic, and legislative commitment that is necessary to sustain a meaningful agenda for young children and their families and to transform the maps in this report to ones in which every young child, in every state, has access to needed services and supports and can indeed enter school "ready to learn." To that end, it is our hope that the findings from this edition of *Map and Track* will spur a very loud and forceful call to action to improve state policies and community-based strategies on behalf of young children and their families.

Endnotes

1. National Center for Children in Poverty. (1997). *Poverty and brain development in early childhood* [Fact Sheet]. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

Perry, B. D.; Pollard, R. A.; Blakley, T. L.; Baker, W. L.; & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits." *Infant Mental Health Journal,* 16(4), pp. 271–296.

Shore, R. (1997). *Rethinking the brain: New insights into early development.* New York, NY: Families and Work Institute.

Smith, S; Brooks-Gunn, J.; & Klebanov, P. (1997). Children in poverty: School readiness and emotional development. In G. J. Duncan & J. Brooks-Gunn. (Eds.), *Consequences of growing up poor.* New York, NY: Russell Sage Foundation.

2. See *Goals 2000: Educate America Act,* P.L. 103-227, enacted March 31, 1994. See also U.S. Department of Education. (1995). Goals 2000: Educate America Act: Rules and regulations [for Title I]. *Federal Register,* 60(127), p. 34800.

For a detailed discussion of how the states are implementing the first education goal: every child will enter school ready to learn, see Smith, S. L.; Fairchild, M.; & Groginsky, S. (1997). *Early childhood care and education: An investment that works, 2nd ed.* Denver, CO: National Conference of State Legislators, and National Education Goals Panel. (1997). *Special early childhood report, 1997.* Washington, DC: National Education Goals Panel.

3. Li, J. & Bennett, N. (1998). *Young children in poverty: A statistical update, March 1998 edition.* New York, NY: National Center for Children in Poverty. Children living in near poverty refers to children in families with incomes between 100 and 185 percent of the federal poverty line. They are considered near poor because they are served by a number of government assistance programs for low-income people—such as Medicaid, the School Lunch and School Breakfast programs, and the Special Supplemental Nutrition Program for Women, Infants, and Children—that use 185 percent of the poverty line as the upper limit to determine eligibility. Children in extreme poverty refers to children living in families with incomes less than 50 percent of the poverty threshold. The official poverty threshold in 1996 was $12,516 for a family of three, and $16,036 for a family of four. Poverty thresholds are based on a measure developed by the federal government in the 1960s to represent minimum standards of economic resources for families. They grew out of definitions of the cost of a minimally adequate diet developed by the U.S. Department of Agriculture.

4. Brooks-Gunn, J. & Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children,* 7(2), pp. 55–71

5. TANF is one of two block grants created by PRWORA (P.L. 104-193). TANF eliminates the federal entitlement to welfare benefits for needy families, and gives most states a grant of funds, based on their welfare program spending in fiscal year 1994, to administer their own welfare programs. It replaces the former welfare programs AFDC, Emergency Assistance (EA) and JOBS (Job Opportunities and Basic Skills Training Program), with fifty state-designated welfare programs that were implemented on July 1, 1997. TANF funds place strict requirements on families receiving benefits, including five-year time limits for receiving cash benefits, strict work requirements for single- and two-parent families, maintenance of effort (MOE) criteria, requirements that most teenage parents live in adult-supervised settings, incentives to reduce the adolescent pregnancy rate, performance bonuses for rewarding work and reducing out-of-wedlock births, and limits on benefits to those convicted of drug-related crimes.

6. In 1997, The Balanced Budget Act of 1997 (P.L. 105-33) established Title XXI of the Social Security Act—the State Children's Health Insurance Program (SCHIP), the potentially most important funding increase for children's health coverage since Medicaid was enacted in 1965. SCHIP will grant states $48 billion over 10 years to use for insuring children, either through Medicaid expansions, a separate state program, or a combination of these approaches. Targeted will be uninsured children whose family incomes are over the Medicaid eligibility level but not high enough to afford private health insurance coverage. In addition, PRWORA authorized an allotment of $500 million in federal Medicaid matching funds to the states for administrative activities to prevent children and parents from losing Medicaid coverage as a result of welfare reform. Both programs include funding for outreach and enrollment activities.

7. In early 1998, the President proposed over $21 billion in new funds for a combination of child care tax credits and increased subsidies for low-income families.

8. Collins, A. & Aber, J. L. (1997). *How welfare reform will help or hurt children* (Children and Welfare Reform Issue Brief No. 1). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

9. For a copy of the survey instrument, write to Dr. Jane Knitzer, NCCP, 154 Haven Avenue, New York, NY 10032.

10. For updates on state-by-state changes in child care policies and practices see the Children's Defense Fund; for monitoring of developments in child health care also see the Center for Law and Social Policy and the Center on Budget and Policy Priorities. The Electronic Policy Network (WWW: http://epn.org/) provides links to these and other relevant organizations.

11. Several states, e.g. Illinois, Rhode Island, and Wisconsin reported significant child care-related initiatives. Since we do not define child care as a comprehensive program, we have not counted them in the states included here. For further information, see the forthcoming Children and Welfare Reform issue brief on child care and low-income children to be issued this summer by NCCP.

12. For this edition of *Map and Track,* NCCP modified the 1996 definition of the states overall strategic approaches by eliminating the category of multi-system initiatives for subgroups of young children and reclassified the five states involved.

13. The Children's Defense Fund has developed per capita estimates of child care spending by state. See Adams, G. & Poersch, N. (1996). *Who cares: State commitment to child care and early education.* Washington, DC: Children's Defense Fund.

14. Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children.* New York, NY: Carnegie Corporation of New York.

15. Knitzer, J.; Collins, A; Oshinsky, C; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C.; & Strategic Partners from the Starting Points Sites. (1997). *Starting points: Challenging the "quiet crisis:" A description of the Starting Points sites.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health and Cambridge, MA: Harvard Family Research Project, Harvard University Graduate School of Education.

This chapter describes the kinds of programs and policy initiatives that states are supporting. It highlights overall trends, and through boxes, illustrates state exemplars. Used in conjunction with Chapter 1, which provides information about the numbers of states undertaking different initiatives, it can be a resource for those designing programs, community mobilization efforts, and comprehensive strategies.[1] Throughout, the term "comprehensive" is used to refer to programs that seek to address multiple child and family needs and to initiatives that encompass multiple strategies (e.g., program development, community mobilization, and building public/private partnerships).

To set the context, the chapter begins with an overview of the general approaches that states are taking to developing comprehensive programs for young children and families. This is followed by a discussion of findings about programs serving infants and toddlers, programs serving preschoolers, and programs serving young children from birth to age six and their families.

State approaches to program design for young children and families fall roughly into four clusters:

- **Adapting nationally recognized program approaches.** There are four or five core models that have helped to shape many programs across this country. In some instances, states are basically replicating what were originally approaches developed by other states (and now have national training and technical assistance support networks); in others, they involve using state dollars to expand federal program approaches. (See Box 2.1.)
- **Developing state-specific program approaches to meet basic needs.** State-specific programs to meet the needs of young children and families through home visiting, family support, child care, and early education take many forms: inventing new strategies or combinations of strategies; strengthening the focus on young children in the context of existing programs for older children (such as school-based family support programs), or designing programs to meet the special needs of young children and families. In many programs, but not all, these approaches are targeted to high-risk young children and families. (See Boxes 2.3, 2.5, and 2.8.)

Box 2.1

Healthy Families

- The aim of the Healthy Families program is to ensure that all new parents, particularly those facing the greatest challenges, receive the education and support they need to help their children get a healthy start in life, using a home-visiting strategy.
- The program approach has evolved through two decades of research and the experience of the Hawaii Healthy Start program.
- Sites can receive assistance from the National Committee to Prevent Child Abuse, which, since 1992, has helped disseminate the model in partnership with Ronald McDonald Children's Charities and in collaboration with the Hawaii Family Stress Center.

Parents as Teachers (PAT)

- Parents as Teachers is designed as a home-school-community partnership that features a parenting education program for parents of children up to age five. The program is based on the philosophy that parents are children's first and most influential teachers.
- Trained PAT professionals offer parents timely information on their children's development and learning through regularly scheduled home visits, parenting education, group meetings, screenings, and referrals to other social service agencies.
- The program began as a pilot project in 1981 in Missouri where it is now funded at $26 million. In 1987, the Missouri Department of Education funded the Parents as Teachers National Center to disseminate the model nationally and train PAT professionals.

Family Resource Programs

- Family Resource Programs are based on the premise that the family is the most important and effective resource available to any child; therefore, the programs aim to build relationships with families that emphasize equality, respect, and the building of trust between families and staff.
- The programs do not follow a single model, but instead are designed to meet the needs of the families being served and to complement other services and resources in the community. Typically, they offer some combination of life skills training, parent education classes and support groups, parent-child groups, family activities, child care, information and referral services, advocacy, crisis intervention and family counseling, and other auxiliary support services, such as clothing, emergency food, and transportation.
- Programs may receive technical assistance from the Family Resource Coalition, a national membership, consulting, and advocacy organization.

Head Start and Early Head Start (Federal)

- Head Start, launched in 1965 as a summer program, now serves over 800,000 children.
- Originally, most programs were half-day, classroom-based programs during the school year. Programs now include home visiting and full-day programs as well as half-day programs linked with child-care programs.
- Head Start was funded at $4.4 billion in fiscal year 1997.
- Programs, which are delivered through a network of community-based nonprofit organizations and school systems, must provide education, health care (including medical, dental, nutritional, and mental health), social services, and parent involvement. While the approaches vary, all programs must meet national and performance standards.
- Early Head Start emerged in response to evidence of the need to promote positive early childhood outcomes in infants and toddlers as well as preschoolers. The program, which is now funded at $279 million, is growing rapidly, with over 173 projects. A large-scale evaluation is in progress.
- Early Head Start programs address child and family development, community building, and staff development.

Even Start (Federal)

- The federal Even Start program provides funds to state education agencies to seed literacy programs at the local level that involve a partnership between local education and community agencies.
- The program, funded at $124 million, supports local literacy projects that integrate early childhood education, adult literacy, or basic education and parenting education for families with children from birth to age seven.

- **Using state funds to encourage community-designed program approaches.** Since *Map and Track '96*, a new pattern is visible. States are providing funds for communities to design and develop programs to "fill in the service gaps," to promote the achievement of specific goals—such as school readiness, and/or to meet other community-designated priorities for young children and their families. In part, this is a concrete way to ensure that what is available locally matches local need. It also reflects "devolution" in practice, that is, the repatterning of federal, state, and local responsibility to promote more decisions at the local level, a shift that has been characteristic of human service policy development over the past few years.
- **Meeting special needs of families and young children.** A handful of states are developing responses to special challenges facing young children and families. Examples include addressing the needs of low-income mothers with infants and toddlers who may wish to remain at home with them; linking welfare reform strategies with program initiatives on behalf of young children and families; and developing programs of sufficient intensity and clinical sophistication to help young children and families affected by drug abuse, domestic violence, and mental illness as well as young children with disabilities and/or emotional and behavioral problems.

Using this general framework, specific approaches used by the states for programs for young children of different ages follow.

Almost half (24) of the states are now funding one or more statewide programs for infants and toddlers. This reflects the growing policy recognition of the importance of the earliest years in affecting children's later development and life chances. (See Map 2.1.)

States are funding four types of programs to serve infants and toddlers (see Box 2.3):

- **Outreach, screening, and brief home visits for newborns.** A number of states are developing strategies for widely available screening and/or time-limited home visits to help families get connected with other necessary services. Home visitors may be volunteers, paraprofessionals, or public health nurses. Funding sources and combinations vary; sometimes only state funds are used, sometimes state and federal (particularly Maternal and Child Health or Medicaid) funds are used, and sometimes there is private funding. For example, Rhode Island has enacted legislation mandating that private insurance pick up the cost of the screening; Colorado is working with the business community to include the visits as an employee benefit.
- **Comprehensive programs for high-risk infants and toddlers.** A second group of programs offers more intensive services to high-risk infants and their families, (i.e., those exposed to one or more environmental or biological risk factors). Typically, the programs aim to strengthen the relationship between the parent and the infant, and virtually all include efforts to increase access to prenatal and infant health care, help parents with early parenting challenges, and link parents to any additional needed services for them and their babies. The rationale for the programs lies in research based on careful demonstration efforts that have shown short- and long-term impacts,[2] although whether the state efforts are as carefully constructed as the demonstration efforts and whether they will yield the same type of payoff is a question that needs to be examined.

- **Family support, parent education, and community-designed programs for infants and toddlers.** In at least one state, funds are provided to communities to add a special focus on infants and toddlers to an existing parent education program for young children. In others, such as Nevada, states are inventing new strategies.

- **Programs that meet the specialized needs of infants and toddlers and their families.** Examples of programs to meet the specialized needs of infants and toddlers are just emerging. For example, Minnesota has an initiative to meet the needs of low-income families who wish to provide care themselves for their infants during the first year of life. Another example is the Michigan Infant Mental Health program, which has been in existence for many years, and which focuses on intensive relationship-building efforts to ensure that young high-risk infants and their families get off to a positive start.

Box 2.2

Findings from Florida's Healthy Start Program

- While the overall rates of low birthweight and very low birthweight in Florida have remained constant, Healthy Start participants who were assessed as needing care and who received targeted services have better low-birthweight rates than comparable groups of women who did not participate.
- Teenage mothers who received nutritional counseling during their pregnancies had 39 percent fewer low-birthweight babies than comparable teens who did not receive this counseling.
- Mothers who had no safe place to stay or inadequate food had 44 percent fewer low-birthweight babies if they received psychosocial counseling during their pregnancies compared with comparable women who did not receive counseling.
- Women who received care coordination had better low-birthweight rates than those who did not receive care coordination. Care coordination appeared to be especially helpful for women who had no safe place to stay or inadequate food, women who had transportation problems, and women who had sexually transmitted diseases.

Source: Florida Department of Health (1996). *Healthier outcomes: Healthy Start annual report.* Tallahassee, FL: Florida Department of Health, p. 5.1

Map 2.1

States funding statewide programs for infants and toddlers in 1997 [24]

States without statewide programs for infants and toddlers in 1997 (includes states reporting pilot programs) [26]

N States starting programs for infants and toddlers for the first time since the 1996 edition of *Map and Track* [5]

P States funding only *pilot* programs for infants and toddlers [4]

States Funding:			
Statewide Programs for Infants and Toddlers [24]		**No Statewide Programs for Infants and Toddlers [26]**	
Arizona	Massachusetts	Alabama	New Jersey
California	Michigan	Alaska	New York (P)
Colorado (N)	Minnesota (N)	Arkansas	North Dakota
Delaware	Nevada (N)	Connecticut	Pennsylvania
Florida	New Mexico	Idaho***	South Carolina
Georgia	North Carolina*	Kentucky	South Dakota
Hawaii	Ohio	Louisiana	Tennessee
Illinois	Oklahoma	Maine (P)	Texas
Indiana (N)	Oregon	Mississippi (P)	Utah
Iowa	Rhode Island (N)**	Missouri	Virginia
Kansas	Vermont	Montana	Washington
Maryland	Wisconsin	Nebraska	West Virginia
		New Hampshire (P)	Wyoming

* North Carolina's infant and toddler programs are funded through Smart Start.

** Rhode Island did report a small program in 1996, but it has been discontinued.

*** Idaho is funding a clearinghouse for information regarding infants and toddlers.

Box 2.3

Screening and Brief Home Visiting for Newborns

Nevada: Family-To-Family Connection (New)

- Nevada is funding a statewide effort to develop comprehensive services through community-based public-private partnerships. The aim is to serve 50 percent of all families with newborns.
- The state will create a network of 13 infant support districts, neighborhood-based new baby centers, and resource lending centers.
- Funding is at $9.3 million during the 1997–1998 fiscal biennium.

Colorado: Warm Welcome (New)

- Under the auspices of Bright Beginnings, a statewide public-private partnership focused on infants and toddlers, Colorado coordinates, through a regional network, community volunteers who make home visits when a new baby is born.
- The program, which started as a pilot project, now operates in 28 counties, and is linking more closely with other home visiting programs for high-risk families.
- Funding comes from the foundation and business communities, although efforts are under way to include Warm Welcome visits as part of employee benefit programs.
- Warm Welcome is linked with First Impressions, Colorado's comprehensive umbrella framework for initiatives for young children and families.

Georgia: Children First (New)

- Children First involves electronic screening of all birth certificates to identify infants with specific risk conditions (e.g., low birthweight, lack of prenatal care, low level of maternal education, and lack of father's name on the birth certificate) for further assessment and referrals.
- Local public health districts provide an in-home assessment and follow-up plans. The health district also follows up with families to ensure needed services are received and tracks children's health outcomes in order to report aggregate data to the state.
- The program is funded at $4.7 million in fiscal year 1998.
- It is being implemented in conjunction with efforts to test models of follow-up services for children from birth to three, building on initiatives undertaken through Georgia's Starting Points grant.

Comprehensive Programs for High-Risk Infants and Toddlers

Florida: Healthy Start (Ongoing)

- Florida's Healthy Start, funded at $31 million in state dollars, supplemented by federal funds, provides prenatal and infant care in community settings to pregnant women and to mothers with infants up to age one who are at risk for medical or psychosocial problems.
- It offers health and developmental screenings, parent education and counseling, case management, home visits, and referrals to other needed services.
- Local programs are operated by community Healthy Start coalitions, which oversee the development of local service systems, leverage other support, conduct community needs assessments, and develop outcome-based plans.

Massachusetts (Ongoing)

- Massachusetts' FIRST Steps offers intensive home visits and care coordination efforts for women and families in 16 high-risk communities who are particularly vulnerable to poor health outcomes, developmental delays, or child abuse and neglect.
- It is funded at $1.5 million in fiscal year 1998, supplemented by $300,000 in federal funding.

Family Support Programs for Infants and Toddlers

Maryland: Family Support Centers (Ongoing)

- Maryland's Family Support Centers provide drop-in, comprehensive, preventive family support services to all families with children up to age three in neighborhoods with high concentrations of teen pregnancy, poverty, low birthweight, and other risk factors.
- Services are targeted to pregnant and parenting teens and the Centers seek to integrate their efforts with other state and local human services initiatives.
- The program, which is now being evaluated, is administered by a public-private partnership, Friends of the Family.

Rhode Island: Starting Points Family Centers (New)

- Using its Starting Points grant, Rhode Island is seeking to increase the focus on infants and toddlers in the context of its Community Opportunity Zone Family Resource Centers. To date, 14 centers have strengthened programs or outreach to families with infants and toddlers, based on community needs assessment.
- The aim of the initiative is to develop and implement family-centered services for families with children up to age three, including high-quality early care and education, comprehensive health services, family support, and parent education.

Box 2.3

Vermont: Parent-Child Centers (Ongoing)

- Parent-Child Centers provide support to all families in the community to prevent child abuse and neglect, but focus on families with children up to age three, particularly teen parents.
- The Centers, which exist in all regions of the state, offer core services, including child care, home visiting, play groups, crisis intervention, information and referrals to other services, parent education, drop-in services, and community development work.
- The Centers also serve as a hub for Vermont's efforts to mobilize community involvement and build a comprehensive network of services through its Success by Six initiative. They are also central to the implementation of Reach-Up, Vermont's welfare reform initiative and, most recently, a statewide effort to increase links between the early childhood community and mental health agencies.

Programs to Meet the Specialized Needs of Infants and Toddlers

Minnesota: At-Home Infant Child-Care Program (New)

- Beginning in July 1998, the program will provide cash assistance to a parent of a child under age one who personally provides full-time care for the child and is eligible for subsidized child-care assistance.
- The program limits a family to a combined 12 months of assistance under this program or the infant exclusion clause under TANF*—in essence enabling parents to stay home from work to care for their children under age one, whether they receive TANF or not.
- The program is complemented by other efforts to extend comprehensive services to infants and toddlers, including a state supplement to Early Head Start and the state's Early Childhood Family Education Infant Development Grants.

Michigan: Infant Mental Health Program (Ongoing)

- Parenting education, family support, psychotherapy, and a range of other interventions are available to families with infants at risk of developing mental health problems, although some programs serve families until the children reach age three.
- Community mental health agencies deliver services, mostly through home visits, in 36 counties in the state, financed with a mix of Medicaid and other funds.
- Hospitals, public health nurses, and other social service providers refer families to the program if parents' conditions appear to risk impairing their infants' attachment and development or if the children appear at risk of being abused.
- Mothers can opt to access this service during the time period of exemption from welfare-related work requirements.
- In the future, under health care changes, funding will be on a capitated rate, although it is not clear whether services to this population will be required or at local discretion.

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* For a full discussion, see Chapter 3.

Box 2.4

Findings from the Texas Prekindergarten Program

In 1994, four years after prekindergarten attendance, students from Texas prekindergarten programs were:

- less likely to repeat a grade;
- closer to grade level in their reading comprehension based on data reported by teachers; and
- less likely to be referred for special education programs.

Conversely, children who were eligible for prekindergarten but did not participate were:

- more likely to repeat a grade;
- below grade level in their reading comprehension; and
- more likely to be referred for special education programs.

Differences were also found between students with limited English proficiency who had attended prekindergarten and those who were eligible but did not attend. Limited English students who attended prekindergarten:

- were at or above grade level in oral reading based on data reported by teachers;
- mastered a greater number of mathematics' essential elements based on data reported by teachers;
- were more likely to be promoted to the next grade;
- were less likely to be referred for special education programs; and
- were less likely to be placed in special education programs.

Source: **Texas Education Agency** (1995). *Texas evaluation study of prekindergarten programs. Final report.* Austin, TX: Texas Education Agency. p. 2.

Sixty-eight percent (34) of the states continue to fund statewide programs for preschoolers. One state has developed a significant new pilot program. (See Map 2.2.)

In crafting programs for preschool-aged children, states are using three types of approaches (only one of which, traditional classroom and home-based prekindergarten programs, almost always focuses exclusively on children between ages three and six):

- **Classroom and home-based prekindergarten programs.** The term "prekindergarten" has traditionally signified a classroom-based, educationally focused half-day program, often with requirements that, modeled after Head Start, address not just the educational life of a child, but other needs as well (e.g., nutritional, health, dental, and mental health). The most comprehensive programs also have a parent-involvement component and increasingly involve other members of the community as designers, advisors, or governing committee members.

- **Parent-education, family support, and family literacy programs.** Parent education and family support approaches come in many variations. A few of the nationally recognized models, such as HIPPY (see Box 2.5) do focus primarily on preschool-aged children, and several states (e.g., Florida and Arkansas) report funding such programs. Family support programs are designed to help families meet the challenges of early parenting; they are flexible and offer a variety of supports to families. Family literacy programs embed parent education in a larger context, by helping adults enhance their own literacy skills and often job-related skills while learning about child development and parent-child interactions.

- **State-funded community-designed programs for preschoolers.** A new trend visible in this edition of *Map and Track* is the emergence of what are, in effect, state-funded early childhood block grants, available to school districts (using either school formula funding or separate funding streams) or to communities, to design and oversee the delivery of a variety of early childhood services. Typically, these include early care and education, parenting education, after-school programs, and full-day kindergarten. The targeted age range varies; in some programs, the focus is on children ages three through six, in others, it includes children from birth to age 10. Most define a new role for schools, either as a provider of services, as a source of funding (through formula grants), or as one (and sometimes the lead) community player in a community-based partnership. Some also include school readiness goals. Many seek to take into account both early education and child-care needs.

Meeting Specialized Needs. No state reported program approaches particularly designed to meet the specialized needs of only preschool-aged children. However, a number of states did report building on a federal initiative, the Campaign for Healthy Child Care.

Map 2.2

States funding statewide programs for preschoolers in 1997 [34]

States without statewide programs for preschoolers in 1997 [16]

P States funding only *pilot* programs for preschoolers in 1997 [1]

States Funding:			
Statewide Programs for Preschoolers [34]		**No Statewide Programs for Preschoolers [16]**	
Alaska	Michigan	Alabama	Nevada
Arizona	Minnesota	Idaho	New Mexico
Arkansas	New Hampshire	Indiana	North Dakota
California	New Jersey	Kansas	Pennsylvania
Colorado	New York	Mississippi	South Dakota
Connecticut	North Carolina*	Missouri	Tennessee (P)
Delaware	Ohio	Montana	Utah
Florida	Oklahoma	Nebraska	Wyoming
Georgia	Oregon		
Hawaii	Rhode Island		
Illinois	South Carolina		
Iowa	Texas		
Kentucky	Vermont		
Louisiana	Virginia		
Maine	Washington		
Maryland	West Virginia		
Massachusetts	Wisconsin		

* North Carolina's programs for preschoolers are funded through Smart Start

Box 2.5

...schoolers

Prekindergarten Programs

Georgia: The Prekindergarten Program (Ongoing)

- Georgia, using lottery funds, provides half-day center, home, or group-home child development services to four-year-olds and their families.
- Local programs must have family service coordinators, and children must receive basic health and dental screenings as well as nutritious meals.
- The programs are comprehensive, offering parent-focused services such as literacy or job training as well as access to specialized services (e.g., mental health, substance abuse, or crisis intervention services).
- Programs must be developed and managed by a local coordinating council that includes (but is not limited to) representatives from the school system, the Department of Family and Children's Services, the Health Department, Head Start, and a parent of a child in the program.
- The program, which has grown rapidly, aims to be universally available for all four-year-olds. The population served increased from 10,000 children in 1994 to 48,000 in 1996 to 60,000 in 1997. It is now funded at $211 million.
- A 12-year longitudinal evaluation is in progress.

Virginia (Ongoing)

- Virginia's comprehensive preschool program offers full-day early care and education, parent involvement, comprehensive child health and social services, and transportation to families with four-year olds at risk of school failure.
- Most programs are operated by the public schools.
- Local coordinating teams include representatives from public schools, child care programs, Head Start, and health and social service providers.
- State funding is $46.6 million during the 1996–1998 biennium, plus a required local match.

Parent-Education, Family Support, and Family Literacy Programs

Florida: Parent To Kids (New)

- Parent to Kids offers competitive grants to school districts to support programs to promote family literacy.
- It focuses on children ages 3–8.
- State funding in 1997 was $3.3 million.
- The program complements state funding for HIPPY, a nationally recognized home-based model providing family literacy and parenting education for parents and their four- and five-year-old children through home visits and bimonthly group meetings.

Kentucky: Family Resource Centers (Ongoing)

- Kentucky's Family Resource Centers provide parenting education, family literacy, full-time child care for preschool-age children, school-age child care, family training and support for new parents, and referrals to other community and social services.
- The programs are available to all local families with children under age 17, but priority is given to families with young children, particularly parents who are teens, single, low-income, or otherwise at risk.
- The Centers also provide technical assistance, consultation, and training for local family child-care providers.
- The Centers have not been evaluated for impact on young children and families, although there is an evaluation of the impact on families with school-aged children.
- Current funding of $39 million includes monies for Youth Resource Centers as well.

Community-Designed Programs for Preschoolers

Arizona: Early Childhood Block Grants (New)

- The block grants are available to school districts to use for any combination of preschools, full-day kindergarten, or supplemental programming for grades K–3.
- Current funding level is $19.5 million.
- The Early Childhood Block Grants include $9 million in funding for the preexisting At-Risk Preschool Projects Program to serve four-year-olds in high-risk school districts. (This is a reduction of $3 million over the last funding cycle for these programs.)

Connecticut: School Readiness and Child Care Act (New)

- The School Readiness Councils must be jointly convened by local mayors and school superintendents, and they must include representatives from child care programs, Head Start, churches, parents, and other provider groups.
- The Councils develop and implement plans to provide full-day early childhood education to three- and four-year old children from families who earn 75 percent or less of state median income (60 percent of whom must be Department of Social Services clients) in 14 priority school districts and other districts in need.

Box 2.5

- All providers must become accredited by the National Association for the Education of Young Children (NAEYC). Local Head Start programs are encouraged to become full-day, full-year programs.
- A related initiative provides a new low-interest loan program to communities for families.
- The program is jointly administered by the Department of Education and the Department of Social Services, who review and approve local plans and hold Councils accountable for implementation, monitoring, and decision-making. State funding was $20 million in FY 1998, increasing to $40 million in FY 1999.
- Planning for an evaluation is under way. Data are being collected to monitor local programs and to feed into the evaluation, which will assess school readiness.

Massachusetts: Community Partnerships for Children (Ongoing)

- Massachusetts provides grants to local partnerships of child-care providers, Head Start programs, and schools to develop and implement joint plans to improve and coordinate education, health, and social services for families with young children, particularly three- and-four-year olds.
- The program is expanding rapidly. Since *Map and Track '96*, funding has increased from $24 million to $60 million.
- Local partners are required to make specific efforts to meet the needs of working parents by offering full-day services where necessary and to seek accreditation through the National Academy of Early Childhood Programs.
- An evaluation is in process.

Minnesota: Learning Readiness Grants (Ongoing)

- Learning Readiness Grants provide planning and service delivery funds to help school districts develop and implement a continuum of locally designed developmental and other services for all children between age three and one-half and entry into kindergarten, with priority for children identified through screening as having the greatest need.
- Local advisory councils are charged to use the funds to fill service gaps or to link existing services.
- Programs are required to include a comprehensive program coordination plan, a development and learning component, health referrals, a nutrition component, parent involvement, community outreach, and community-based staff and program resources.
- The grants now serve 41 percent of eligible families in 341 out of 355 school districts and are funded at $10.3 million.

Box 2.6

The Healthy Child Care Campaign

In 1996, the new Bureau of Child Care instituted the Healthy Child Care Campaign, which aims to enhance the health, broadly defined, of all children in child-care settings. The programs provide states with seed grants which are being used as a catalyst for focusing attention on health in the context of child care. For example:

Connecticut

- The state is pursuing a number of strategies, including providing a health consultant to every child-care center, developing a data base of all health consultants to encourage them to network with one another, and building the capacity of child-care providers to offer families information about Medicaid through its Health Systems Development in Child Care program.

Missouri

- The state is providing consultation and technical assistance to home- and center-based child-care providers, under the leadership of the Department of Health, which has facilitated the pooling of funds from three federal programs.*

North Carolina

- The state is creating a statewide comprehensive system for child-care health consultation. The state pediatric society and division of maternal and child health are working with the division of child development and the Partnership for Children (which oversee Smart Start) to recruit and train local health department nurses to serve as child care health consultants, recruit pediatricians to serve as medical advisors and consultants to child-care providers, and establish a child care health and safety resource center to provide technical support to providers and to the network of child-care health consultants.*

* For a fuller description, see: Stebbins, H. (Ed.) (1997). State initiatives. In *The first three years: A governor's guide to early childhood*. Washington, DC: National Governors' Association.

Half the states (25) are now funding statewide programs that are explicitly designed to help families, providing support, skill-building, and help in accessing needed services, or to engage in a community process to strengthen the network of services and supports to families with young children. (See Map 2.3.)

The strategies that states are developing to serve young children of different ages typically encompass a strong family component and, increasingly, a community-based effort to integrate existing and new services into a network, as well as to meet specified goals, such as supporting families or enhancing school readiness. Program approaches cluster in three areas:

- **Family support and parent education programs for children from birth to age six.** The models for family support programs and/or parent education programs reflect a modified Healthy Families approach (with home visiting key), a school- or neighborhood-based family resource model, or school- or community-linked parent education. Within these frameworks, strategies vary. Some focus only on young children and families, others adapt existing models for older children and families. Still others encompass a broader group of children but have special options or requirements for young children. Many states use program approaches that are similar to those highlighted for either preschoolers or infants and toddlers, but simply extend the program to a broader age range of young children and families.

- **Providing state funds for community-designed programs for young children and families.** The trend to provide incentives for community involvement in the design of services for preschoolers is even more visible in state efforts to support program development on behalf of families with children from birth to age six, with states typically setting broad parameters. Variations are considerable in scope, goal specificity, and auspices, as well as in the role of the state with respect to funding levels, technical assistance, and other supports.

- **Meeting the specialized needs of young children and families.** There are several examples of state initiatives designed to meet the specialized needs of young children and families. The extent to which this represents a trend is not yet clear. What is clear is that there is a compelling need to pay attention to the concerns from the field about the stresses facing young children and their families and a need to ensure that even in the face of these stresses, young children have a chance to grow and thrive.[3]

Map 2.3

States funding statewide programs for young children and families in 1997 [25]

States without statewide programs for young children and families in 1997 [25]

N States creating programs for young children and families for the first time since the 1996 edition of *Map and Track* [4]

P States funding only *pilot* programs for young children and families in 1997 [4]

Note: Age targets of some programs are flexible, e.g. 0–8 or 0–10.

States Funding:			
Statewide Programs for Young Children and Families [25]		**No Statewide Programs for Young Children and Families [25]**	
Alaska (N)	Ohio	Alabama (P)	Massachusetts
Arizona	Oklahoma	Arkansas	Michigan
Colorado	Oregon	California	Mississippi
Connecticut	Pennsylvania	Delaware	Nebraska (P)
Hawaii	Rhode Island (N)	Florida	New Jersey
Illinois	South Carolina	Georgia	New Mexico
Kentucky	Tennessee	Idaho	New York
Minnesota	Texas (N)	Indiana	North Dakota
Missouri	Utah	Iowa (P)	South Dakota
Montana	Vermont	Kansas	Virginia
Nevada	Washington	Louisiana	Wisconsin (P)
New Hampshire	West Virginia (N)	Maine	Wyoming
North Carolina		Maryland	

Box 2.7

Findings from Georgia's Family Resource Program

Selected Early Findings from the Savannah, Georgia, Family Resource Center

The Savannah Youth Futures Authority's Family Resource Center is a leading site in the Georgia Policy Council's systems development and community mobilization initiative. Between 1995 and 1996, in the Family Resource Center target area there was:

- an increase in the percentage of babies born healthy (from 76.5 percent to 78.3 percent), compared to a decline in Chatham County as a whole from 78.1 percent to 74.9 percent;
- a substantial decline (of 16.1 percent) in the number of black teens giving birth, compared to a smaller decline of 4.1 percent in Chatham County as a whole;
- a sharp decline (of 42.9 percent) in the number of low-birthweight babies among black teens, compared to a decline of 23.4 percent in Chatham County as a whole;
- an increase in the percentage of stable new families from 20 percent to 28.7 percent, compared to a small decline in Chatham County as a whole from 57.7 percent to 51.1 percent (stable new families are those with a first baby whose father's name is on the birth certificate and whose mother has completed high school and is 20 or older); and
- a decrease (of 20.7 percent) in the percentage of repeat births among teenagers, compared to a smaller decrease of 5.9 percent in Chatham County as a whole.

Source: Georgia Policy Council for Children and Families & Family Connection (1997). Savannah YFA's family resource center phase 3 evaluation: Selected interim indicators of progress handout. Policy Council Meeting, Nov. 6. Savannah, GA: Unpublished.

Box 2.8

Family Support and Parent Education Programs That Include Children

Ohio's School Readiness Resource Centers (Ongoing)

- Ohio has supplemented its Family Resource Program (now in 18 communities) with a program to support School Readiness Resource Centers in school districts with high failure rates.
- The aim of the Centers is to encourage parental involvement in schools. They are planned by County Family and Children First Councils and others in the community, subject to state approval. Families with children of all ages are served, but those with young children are helped to access specific early childhood services (e.g., child care, parenting education, and maternal and child health services).
- For the fiscal year 1998–1999, the Resource Centers are funded at $10.3 million, supporting three Centers each in 21 urban school districts, with an additional 24 anticipated.

West Virginia's Starting Points Early Childhood Centers (New)

- West Virginia has added a program development strategy targeted to young children and families to its preexisting Family Resource Network Community Mobilization Strategy. The Starting Points Early Childhood Centers, now implemented in nine counties, are planned and facilitated by the community through the involvement of the local Family Resource Network.
- Start-up funds come from two-year $50,000 grants combining both federal and philanthropic dollars.
- The Centers aim to offer a comprehensive array of child development, health, nutrition, parenting, and family support, and case-management services for young children and families at a single location such as a school or other neighborhood building.
- Core services include family intake and assessment; case management; immunizations; access to nutrition programs, such as the federal Women, Infants, and Children (WIC) program; developmental screening and referral; parent education; preschool education (Head Start, child care, and/or public school programs); home-based outreach and information; and referral to other services and follow-up.
- The state has proposed long-term funding.

Community-Designed Programs That Include Young Children and Families

Colorado: Youth Crime Prevention and Intervention Fund (New)

- Colorado has developed a special fund to make grants to community-based organizations (not school districts or universities) to support crime prevention programs that involve parents, neighbors, and community members in helping children and families.
- Twenty percent of the funds must be spent on young children from birth to age nine. (During the first two years, at least 30 percent of the funds were actually spent on this age group.)
- In fiscal year 1997, the state legislature appropriated $8 million for the Fund.
- The state Board, which makes funding decisions, has determined that child care, home visits, parenting programs, and other early interventions are all legitimate crime prevention initiatives.

Box 2.8

Oregon: Great Start (Ongoing)

- Oregon provides flexible funds to county Commissions on Children and Families to fill gaps in services and preventive programs for families with children up to age six. The aim is to increase access to services and enhance health, mental health, child development, parent education, and family support.
- The program, now in all 36 counties, is funded at $7.7 million for the 1997–1999 fiscal biennium.

Rhode Island: Early Childhood Programs (New)

- Rhode Island is providing an additional $3.6 million in state aid to school districts in 1997–1998 to support comprehensive programs for young children (from birth through age 10).
- The services supported can include preschool, before- and after-school care, parent education and family support, and other comprehensive programs to improve school performance, with the mix designed by local communities.

Washington: Readiness to Learn Grants (Ongoing)

- State funds support community collaboration to develop and deliver comprehensive services to help young children enter school ready to learn.
- Local service strategies include family resource centers and early intervention and prevention services.
- The programs are linked to the state Family Policy Council and to local Community Health and Safety Networks.
- The program is funded at $7.2 million for the 1997–1999 fiscal biennium.

Examples of State Initiatives to Meet the Special Needs of Young Children and Families

Colorado: Early Childhood Mental Health (New Pilot)

- This new initiative seeks to increase mental health services in two pilot communities for children up to age eight, with a special emphasis on infants and toddlers.
- The target population includes children with physical disabilities; children who have experienced violence; children whose parents have mental illness; and children whose parents have been incarcerated.
- The two sites have selected local early childhood programs (Head Start and child-care centers) as partners. Early childhood mental health specialists work on site at these programs to provide consultation to the teachers and work directly with the children.
- The legislature allocated $680,000 for the pilot sites in fiscal year 1998, and sent a clear message that additional funding would be made available only if evaluation findings demonstrate the pilot's effectiveness (measured, for example, by reductions in the number of out-of-home placements and decreased spending on child welfare services).

Nevada: Early Childhood Services Program (Ongoing)

- The Early Childhood Services Program provides family-supportive mental health and developmental services for children up to age six with developmental, behavioral, or emotional needs. Program strategies include consultation and support to child-care providers and others who offer core services to families.
- The program is funded at $2 million for the 1997–1998 fiscal biennium, reflecting a combination of state and federal funds.

The developmental needs of infants and toddlers are quite different from the developmental needs of curious and increasingly independent preschoolers. Hence it is important that states support programs that help families and caregivers respond to the changing needs of these developmentally different age groups. Yet only one-third of the states are investing in statewide programs for both infants and toddlers and for preschoolers. (See Box 2.9.) Further, in many instances, even when programs for both age groups exist, they are small in scope.

Box 2.9

Arizona	Healthy Start (0–3) Healthy Families (0–6) Family Literacy (3–6) Prekindergarten (3–6)
Colorado	Warm Welcome (0–3) Preschool Program (3–6) Family Development Centers, Youth Crime Prevention and Intervention Fund (0–6)
Delaware	Parent Education Program, Home Visiting Program (0–3) State Head Start Supplement (3–6)
Florida	Healthy Start (0–3) Prekindergarten Early Intervention, Home-Based Reading Instruction Program (3–6)
Georgia	Children First, Healthy Families (0–3) Prekindergarten (3–6)
Illinois	Prevention Initiative (0–3) Model Parent Training Program (0–6) Prekindergarten (3–6)
Iowa	Healthy Families (0–3) Comprehensive Child Development Program (0–3; 3–6)
Maryland	Family Support Centers (0–3) Extended Elementary Education (3–6)
Massachusetts	Family Network, First Steps (0–3) Community Partnership for Children (3–6) State Supplement to Head Start (3–6)
Michigan	Infant Mental Health (0–3) Zero to Three Services (0–3) Prekindergarten School Readiness Program (3–6)
Minnesota	At-Home Infant Child Care, State Supplement to Early Head Start (0–3) State Head Start Supplement, Learning Readiness (3–6) Early Childhood Family Education (0–6)
North Carolina	Smart Start (0–3; 3–6) Family Resource Centers (0–6)
Ohio	Early Start, Help Me Grow (0–3) State Head Start Supplement, Public Preschool (3–6) School Readiness Resource Centers (0–6)
Oklahoma	Parents As Teachers, Children First (0–3) Prekindergarten, State Head Start Supplement (3–6) Early Childhood Development and Parent Education Program, Child Abuse Prevention Programs (0–6)
Oregon	Healthy Start, Babies First (0–3) Prekindergarten/Head Start Supplement (3–6) Great Start, Children's Trust Fund (0–6)
Rhode Island	Home Visiting and Risk Response Networks (0–3) Head Start Supplement (3–6) State Aid to School Districts for Early Childhood Programs (0–8)
Vermont	Parent-Child Centers (0–3) Early Education Initiative (3–6) Success By Six (0–6)
Wisconsin	Family Resource Centers (0–3) Head Start Supplement (3–6)

Total: 18 states in 1998 (compared to 16 states in 1996)

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* Excludes pilot programs and programs targeted to special populations, such as teens, or special needs, such as infant mental health.

While it is not possible to provide exact funding levels of comprehensive programs for young children and families (hence, per capita analysis is not appropriate), estimates, using state reports for *Map and Track '98*, suggest that 18 percent of the states (9) spend from $0 to under $1 million; 32 percent of the states (16) spend between $1 and $10 million, with eight of these spending under $5 million; 26 percent of the states (13) spend between $10 and $50 million; 10 percent of the states (5) spend between $50 and $100 million, and 14 percent of the states (7) spend over $100 million. (For details, see Chapter 4.)[4]

Figure 2.1

Recent federal legislation has made dramatic changes in the structure of assistance to low-income families. There is an unprecedented emphasis on moving adults into the workforce through Temporary Assistance to Needy Families (TANF), establishing lifetime limits for benefits (up to five years, although these can be shorter at state option), and rigorously pursuing child support enforcement. On the other hand, there is virtually no explicit attention to the parenting roles of the adults, nor to children, except around issues of child care.

Taken together, the extent to which these changes will facilitate or impede access to services for young children and families is a very important question.[5] To that end, NCCP sought information from the states about their deliberate efforts to link children's programs with the implementation of welfare reform.

Ten states report explicit statewide efforts to link welfare strategies with statewide comprehensive program initiatives, excluding child-care strategies, on behalf of young children and families. (See Box 2.10.)

Box 2.10

Giving Priority to Young Children in Families Receiving TANF for Early Childhood Programs

Connecticut

- The state has targeted families with young children receiving or at risk of receiving public benefits as priority enrollees in its new School Readiness and Child Care Act.

Georgia

- The state is making efforts to link its universal prekindergarten program with efforts to provide full-day child care. It reports encouraging local prekindergarten sites to work with county welfare offices to arrange extended-day child care using child-care subsidy funds for families receiving welfare.

Requiring Parents of Young Children to Participate in Special Programs

Delaware

- The state requires that parents of young children participate in a parenting education program in order to receive their full welfare checks (otherwise the checks are reduced).

Using TANF dollars for Programs for Families With Young Children Receiving Assistance

Indiana and New Hampshire

- These states are using TANF dollars for home-visiting programs for TANF recipients, in New Hampshire on a pilot basis, in Indiana linked with Step Ahead community mobilization councils.

Ohio

- The state has targeted $12 million in state money, supplemented by $6 million in TANF funds, to expand Early Start, which links families with infants and toddlers at risk of abuse, neglect, or developmental delay to health, education, and support services, based on individualized plans. Participation helps to meet work requirements. Families being diverted from assistance may also access Early Start.

Oklahoma

- The state reports using TANF dollars for Early Head Start.

Using Systems Development and Community Mobilization Initiatives for Young Children and Families Receiving TANF

Vermont

- Vermont's welfare-to-work plan includes incentives for participating in parent education programs, as well as expanded child care and Medicaid coverage. Parent-Child Center staff, state employees, state college staff, and other service providers offer service coordination and assistance to teen parents and other participating families.

West Virginia

- The state is deliberately using the local Family Resource Networks (FRN) to inform families and the community about the new welfare reform provisions; conducting focus groups to get ideas from families about how to implement and improve the new system; and using the FRN's annual consumer and provider interviews to get feedback about the program. It is also using FRN and/or its member agencies to serve as sponsors for Community Work Experience, JOIN, or community service placements. The state is coordinating cross-agency training on the new welfare program and on family-centered practices.
- The state also has explicit plans to use the Starting Points Early Childhood Centers as access sites for welfare through FAIR (Family Assessment, Intake, and Referral). Further, the Personal Responsibility Contract identifies each parent's employment plan, as well as strategies to enhance the well-being of her children (e.g., requiring immunizations and health exams); cash grants and/or support services are provided to those who meet the terms of their Contracts. Efforts are underway to coordinate services for Head Start families enrolled in TANF.

Wisconsin

- Children's Services Networks are required components of the state's welfare reform plan. Local networks must identify and work with providers of children's services.

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* Note: These data do not include state efforts to enhance child care in response to welfare reform. Such special initiatives, if reported, are noted in the state-by-state profiles in Chapter 4. Also, Tennessee reports giving priority to TANF recipients for a pilot early childhood program if space permits.

The states that are reporting efforts to link comprehensive programs for young children and families deliberately with welfare reform implementation are using TANF dollars to expand or target services specifically to families receiving or at risk of receiving welfare; requiring or encouraging parents of young children to engage in parent education programs or other strategies to enhance their parenting skills in lieu of, or in tandem with, work requirements; giving priority for program enrollment to young children in families receiving, or at risk of receiving, public assistance; and using existing services as "hubs" for multiple services to families receiving assistance, diverted from assistance, or transitioning off assistance.

Although state implementation of welfare reform is still in its early stages, these data suggest that linking comprehensive programs for young children and families is not perceived as central to the welfare reform agenda. Yet, the networks of programs that states are establishing on behalf of young children and families could be important tools in the effort to promote family self-sufficiency and young child well-being.

Putting The Program Findings in Perspective

There has been a steady growth in the number of states supporting comprehensive program development strategies for young children and their families. Further, although overall levels of state investments in comprehensive programs remains relatively small, the number of programs with increased funding outweighs those with reduced funding in the two years since *Map and Track '96.*

At the same time, the commitment to developing comprehensive programs for young children and families is not evident in every state and/or is uneven within the states.

- There are no statewide programs for infants and toddlers in 26 states and none for preschoolers in 16 states. Twenty-five states lack family support and parent education initiatives targeted to young children and their families.
- Programs intended to be statewide are not necessarily implemented in all parts of the state.
- Infants and toddlers have different developmental needs from preschoolers. Yet only one-third of the states fund separate programs for infants and toddlers and preschoolers. The number of states that support a "developmental continuum" of programs remains at about the same level as in 1996.
- Deliberate state-level strategies to link welfare reform and comprehensive programs for young children and families is spotty.
- Distinctions in different program types are blurring as states increasingly strive to create program approaches, whatever the age focus, to meet the multiple needs of families with young children to address issues of parenting, child development, and adult development (including literacy and employment). Often missing, however, at least in state reports, is a focus on strategies to engage fathers in the parenting process, particularly noncustodial fathers. Given the growing policy attention to fatherhood, this is surprising.[6]
- State investments in comprehensive programs for young children remains limited.

Toward Comprehensive Initiatives for Young Children and Families

State investment in comprehensive programs for young children and family is necessary, but it is not necessarily sufficient. Improving outcomes for young children requires not just a "program-by-program"[7] mind-set but a commitment to weave together different programs and other strategies on behalf of young children and families to create what leaders in one state, Vermont, have called a "critical mass." The hope is that building such a critical mass of investments in young children and families will, in fact, turn around some of the negative outcomes that have plagued families, schools, and society for so long. The findings below highlight two aspects of efforts to build leadership and change policies and practices to better meet the real needs of young children and their families: community mobilization strategies and sustained high-level leadership-building efforts to craft a coherent policy framework and integrate different types of initiatives on behalf of young children and families.[8]

Mobilizing Communities and Changing Systems

Just over half of the states (27) report community mobilization strategies linked with state-level strategies to promote systemic change on behalf of children. Four of these focus exclusively on young children and families, while another ten include some focus on young children and families. (See Map 2.4.)

Community mobilization strategies that are linked with state-level efforts to promote systemic change in general involve a mix of local (community, county, or regional) stakeholders in planning and decision making about how best to use resources and create a responsive system of services and supports for young children and their families. Increasingly, the strategies require attention to outcome-based goals. The overarching aim is to create a family-friendly system of early childhood services and supports in communities throughout the state, along with an infrastructure to support needed regulatory, funding, and training changes.[9]

States are funding three types of community mobilization and systems development strategies: Those that focus only on young children and families; those that include explicit attention to young children and families in the context of planning and mobilization efforts for older or all children, and those that do not currently include any explicit focus on young children, but have the potential to do so either at the local level or through changed state-level expectations. (See Box. 2.11.)

Map 2.4

States with community mobilization and systems development efforts for children from birth to age six [4]

States with community mobilization and systems development efforts that include a focus on children from birth to age six [10]

States with community mobilization and systems development efforts that have the potential to focus on children from birth to age six [13]

States not reporting any community mobilization strategy [23]

States with Community Mobilization and Systems Development Efforts*			
0–6 Only [4]	**0–6 Focus [10]**	**Potential 0–6 Focus [13]**	**No Community Mobilization Strategies [23]**
Colorado	Georgia	Alaska	Alabama
Hawaii	Indiana	Arkansas	Arizona
Nebraska	Maryland	Delaware	California
North Carolina	Minnesota	Florida	Connecticut
	Ohio	Illinois	Idaho
	Oregon	Iowa	Kansas
	Pennsylvania	Maine	Kentucky
	Rhode Island	Michigan	Louisiana
	Vermont	Missouri	Massachusetts
	West Virginia	New York	Mississippi
		North Dakota	Montana
		Oklahoma	Nevada
		Washington	New Hampshire
			New Jersey
			New Mexico
			South Carolina
			South Dakota
			Tennessee
			Texas
			Utah
			Virginia
			Wisconsin
			Wyoming

* Three states have state-level only systems-change efforts focused on young children—Florida, Maryland, and Wyoming.

Box 2.11

Community Mobilization Strategies Focused on Young Children and Families

Hawaii (New)

- The Good Beginnings Alliance is a public/private partnership charged to improve and coordinate services for young children ages birth to six. Each of Hawaii's four counties has established collaborative, community-based public-private Good Beginnings Councils and is developing strategies plans. A state interdepartmental council and state Good Beginnings staff provides technical assistance.

Nebraska (Ongoing)

- Good Beginnings is a community mobilization strategy focused on young children. The aim is to improve the delivery of services to young children, promote child health, enhance parenting skills, reduce child abuse and neglect, and improve school readiness. Community Partners collaborate to engage in planning. The state is beginning to take a more active role in providing leadership. There is no explicit link with the state-funded Early Childhood Project, which provides funds to communities and school districts for child development and parent education programs for children from birth to age six.

Community Mobilization Strategies for All Children with an Explicit Young Child Focus

Maryland (Ongoing)

- Maryland's systems reform strategies have evolved from a focus on children in or at risk of out-of-home placement to the emergence of Local Management Boards (LMBs) charged to develop comprehensive, preventive community-based strategies for supporting all families. The boards are overseen by the state's Subcabinet for Children, Youth, and Families, and are charged to achieve designated outcomes, including ensuring that children enter school ready to learn. The state plans to provide technical assistance and education to the LMBs, stressing the importance of focusing on young children, and encouraging them to reach out to early childhood service providers and professionals in the community as potential new members. There is no explicit connection with existing programs for young children and families in the state, and while some boards have leaders from the early childhood community on them, others do not.

Ohio: Family and Children First Councils (Ongoing)

- All 88 Ohio counties have now voluntarily developed Family and Children First councils, charged to improve child health, ensure that all families who wish it have access to early care and education experiences, and promote family stability. Originally, the state did not provide any coordinating dollars for the Councils. As the effort has evolved, and community needs have become clearer, the state now does provide limited dollars to support local coordination efforts. In addition, the state has also developed a regional support network to help local councils that, with support from a Carnegie Corporation Starting Points grant, includes Family Advocates to promote family involvement on the Councils. This, coupled with active state-level leadership to promote the goals of Ohio Family and First Councils for children, has helped promote the agenda. Councils are increasingly seen as the management authority for services targeted to young children and families, with responsibility for blending funds and allocating flexible funds, such as Ohio's block grants to promote wellness, prevent child abuse, and promote family stability.

Georgia: Aiming for Results (Ongoing)

- In Georgia, the state policy effort is coordinated by the public/private state Family Policy Council. The Council works with local community partnerships to achieve five designated results for children and families, including ensuring that children are ready for school. At the local level, 86 Family Connection sites (in *Map and Track '96* Georgia reported 56 sites) have developed comprehensive local plans. To facilitate the planning process, Georgia has developed "Aiming for Results," an on-line resource developed by the state Policy Council for Children and Families, Family Connection, and the Children's Trust Fund Commission. Program planners and managers, policymakers, community members, and others interested in Georgia's children and families can access important and timely county-level data on child health, child development, school success, family functioning, and economic capacity. The web site can generate graphs and maps that display information on Georgia's 26 Benchmarks for Children and Families. The Benchmarks are state-designated indicators of the well-being of children and families that the Policy Council envisions as the first step in building a results-based accountability system. They include explicit benchmarks for young children and families. The plan is to link these results-based data with the state budgeting process. The county Cooperative Extension offices provide technical assistance and support to communities.*

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* See also the brochure developed by the National Governors' Association. (1997). *Investing in America's future: Indicators of family and child well-being*. Washington, DC: National Governors' Association.

Providing Sustained Vision and Leadership

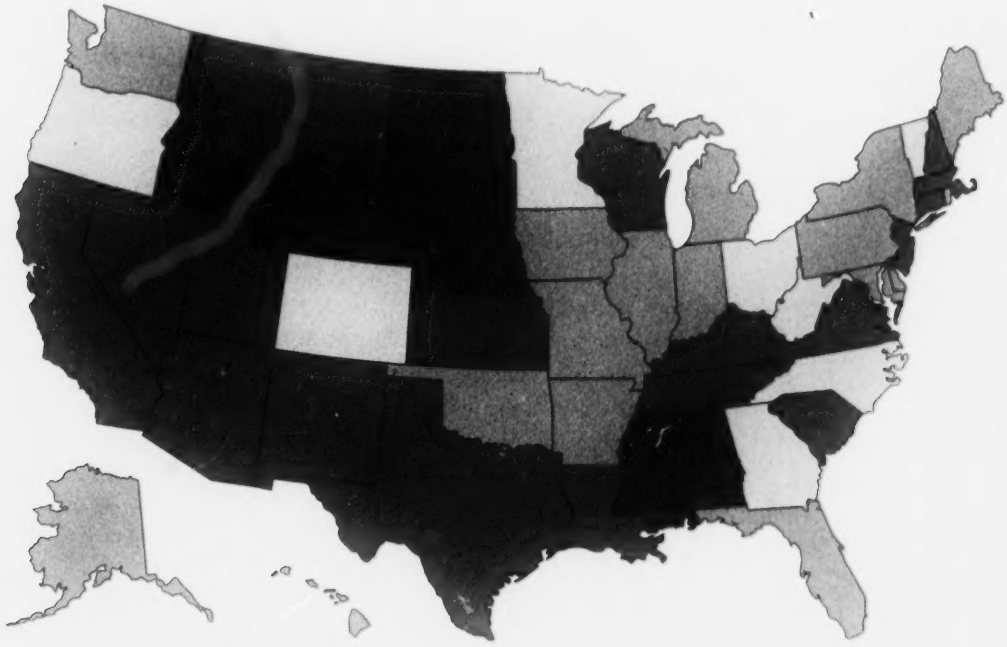
State approaches to enhancing outcomes for young children and families vary in intensity and scope. Some states fund only programs; some fund programs and community mobilization strategies; some do not support any state initiatives on behalf of young children and families. A handful have developed, sustained, and expanded multiple initiatives on behalf of young children and families. Overall, the types of strategies that states use to define their commitment to young children and families has remained relatively static since 1996. (See Map 2.5.)

Overall state approaches include:

- **Comprehensive Initiatives.** Comprehensive initiatives for young children and families weave together program development, community mobilization, and other strategies to make young children and families a priority in state decision-making, resource allocation, and mobilization of private energies and resources. Eight states meet these criteria. The shape and emphasis of the comprehensive initiatives vary from state to state. (See Box 2.12.) In some, there is much more emphasis on program development; others stress community mobilization and/or the development of public-private partnerships. Some states with comprehensive initiatives have weathered the transition from one administration to another, sometimes across party lines, and some are facing transition periods. All, to date, manifest a "building on" quality, seizing opportunities to enrich and sustain efforts on behalf of young children and families. And, most importantly, all seek to integrate multiple initiatives to focus sustained and priority attention on young children and families.
- **Parallel Program Initiatives and Community Mobilization Strategies.** The second cluster of states (17) is supporting both program initiatives targeted to young children and families, as well as some kind of community mobilization strategy. In most states, these efforts are parallel rather than closely integrated, although clearly, there is potential for closer linkage and development.
- **Program-Only Initiatives.** The third cluster of states (18) supports only program initiatives, in some instances devoting substantial resources to these, in others, only limited investments. In general, in these states, there may be advocacy for specific programs but, with some exceptions, very little high-level leadership is involved.
- **No State Initiatives.** The fourth cluster of states (7) simply has no statewide initiatives on behalf of young children and their families, although they may have pilot programs or mobilization strategies.

Map 2.5

State-by-State Strategic Approaches for Enhancing the Well-Being of Young Children and Families



States funding comprehensive initiatives that combine high-level leadership, integrated program and community mobilization approaches, continued commitment to increased funding, and a framework for state action [8]

States funding community mobilization and comprehensive programs [17]

States funding only comprehensive programs [18]

States not funding any comprehensive programs [7]

P States funding only *pilot* programs for any aged young children [3]

States Funding:			
Comprehensive Initiatives [8]	**Community Mobilization and Comprehensive Programs* [17]**	**Comprehensive Programs Only [18]**	**No Statewide Initiatives [7]**
Colorado	Alaska	Arizona	Alabama (P)
Georgia	Arkansas	California	Idaho**
Minnesota	Delaware	Connecticut	Mississippi (P)
North Carolina	Florida	Kansas	Nebraska (P)
Ohio	Hawaii	Kentucky	North Dakota
Oregon	Illinois	Louisiana	South Dakota
Vermont	Indiana	Massachusetts	Wyoming
West Virginia	Iowa	Montana	
	Maine	Nevada	
	Maryland	New Hampshire	
	Michigan	New Jersey	
	Missouri	New Mexico	
	New York	South Carolina	
	Oklahoma	Tennessee	
	Pennsylvania	Texas	
	Rhode Island	Utah	
	Washington	Virginia	
		Wisconsin	

* These include community mobilization strategies focused on either young children or on all children with the potential to focus on children 0–6.

** Idaho is funding a clearinghouse for information regarding infants and toddlers.

Box 2.12

Colorado: First Impressions

- Colorado's First Impressions focuses exclusively on young children. It has four goals: universal health care for children; universal volunteer home visits and support for new parents; improved quality, affordability, and accessibility of early care and education programs; and "child-oriented" communities. Early efforts included funding of statewide programs (e.g., prekindergarten and family centers) and state-level strategies through a Children's Cabinet to manage the initiatives. Since *Map and Track '96* Colorado has added a new focus on infants and toddlers through Bright Beginnings, its voluntary home visiting program that has been facilitated by a Starting Points grant from the Carnegie Corporation. It has also increased its effort to engage the business community in partnerships on behalf of young children and families, and to continuously make the case to a wide range of stakeholders about investing in Colorado's children. Most recently, the state's Office of Budget and Planning, working with First Impressions, has published a "Children's Investment Prospectus," highlighting the state's accomplishments, shortfalls, and investment opportunities on behalf of young children and families.* To strengthen the local infrastructure for early care and education and create a seamless network of services, the state has initiated a Consolidated Child Care Pilot Program in 12 communities. It has also established a pilot program to develop community-based early childhood mental health strategies.

Georgia: Initiative For Children and Families

- Georgia's efforts on behalf of young children and families are embedded in a state and community mobilization initiative that links a state Family Policy Council with community strategies through ten Community Partnerships sites and 86 Family Connection sites (an increase from 56 reported in *Map and Track '96).* Program development strategies include a rapidly expanding comprehensive prekindergarten program and a screening program for all newborns, coupled with efforts to pilot test various home visiting strategies (facilitated by participation as a Starting Point grantee) and connect families, as necessary, with home visiting and other follow-up services. Georgia has also made a substantial investment in developing a system for tracking the results of its efforts and making data available to county-level planning groups.

Minnesota: Various Program and Planning Initiatives

- In Minnesota, the emphasis is on program development strategies. These include: a parent education program that serves 40 percent of eligible families; learning readiness grants targeted to preschoolers; and, since *Map and Track '96,* four programs for infants and toddlers—pilot Early Childhood Family Education (ECFE) Infant Development Grants (an extension downward of the ECFE program), an at-home infant child care program for low-income parents of infants who are eligible for child care subsidies but wish to remain at home, a state supplement to the federal Early Start program and a pilot home visiting program. Minnesota also has local Family Services Collaboratives in 51 counties with specific provisions to plan services and supports for pregnant women and young children.

North Carolina: Smart Start

- North Carolina's Smart Start focuses exclusively on young children and their families. The aim is to improve both the supply and quality of child care and child health services. Originally a pilot in a limited number of counties, Smart Start is now in half of the counties, with planning grants going to the remainder. Funding has grown from $68 million reported in *Map and Track '96* to $92 million. Originally overseen by the state, there is now a state-level public/private partnership that includes a local advisory board from the Smart Start sites. This state-level partnership sets policies, integrates training and technical assistance, and works to ensure that business contributions grow. At the local level, Smart Start boards, made up of a cross section of leaders and family members, work to increase service access and quality in response to local needs. Political support for the effort is growing across the state. The scholarship to child providers program that North Carolina has pioneered, and that is linked to Smart Start, has also become a model that other states are seeking to replicate.

Ohio: Family and Children First

- Ohio's initiative focuses on all aged children and families in the context of three basic goals: ensuring access to early care and education for every family that wishes it; improving child health; and increasing family stability. Since 1991, the state has increased funding for children and families by 39 percent, a substantial amount of which has been focused on young children and families. The state began with a state-level Family and Children Council, then invited counties to develop local councils. These are now in all 88 counties. The state provides increased training and technical assistance to the Councils, as well as some funds to support local coordinating efforts. Since *Map and Track '96,* the state has increased funding for the state Head Start supplement (from $145 million to $181 million), expanded Early Start, an outreach program for high-risk infants and toddlers, using state and TANF dollars, and developed wellness block grants for preventive health care to be administered by the local Councils.

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* Colorado Office of State Planning and Budgeting. (1998). *Children's investment prospectus.* Denver, CO: Colorado Office of State Planning and Budgeting.

Box 2.12

Oregon: Various Program and Planning Initiatives

- Oregon's efforts focus on children and their families with specific programs targeted to young children. The programs include those aimed at infants and toddlers, an integrated prekindergarten Head Start program, a Healthy Start program for first-time parents continuing to age five, and enabling grants to communities entitled Great Start. Oregon's community mobilization strategies link its State Commission on Children and Families with local commissions. The state has also strongly promoted the use of "Benchmarks" data to drive program, planning, and policy outcomes, including outcomes for young children. A related interagency collaboration involving the federal, state, and local levels permits negotiations about regulations, and waivers where necessary, to help collaborative efforts achieve the results measured by the Benchmarks.

Vermont: Success By Six

- Vermont's comprehensive initiative focuses exclusively on young children and families. A network of regional Parent-Child Centers are the hub of planning and service delivery, particularly for very young children. An Early Childhood Work Group made up of state officials and community leaders provides overall direction. An umbrella framework, Success By Six, helps to integrate programs and community mobilization. Each community's efforts have developed differently, but all feature core family-supportive services including welcome baby visits, family literacy, parent-child interaction groups, parent education groups, home visiting services, screenings, training for early childhood staff, integration with Vermont's Reach-Up welfare program and most recently, an effort to develop a statewide regionally-based early childhood mental health network linked with the Parent-Child Centers. The state is also focusing on infrastructure development. In 1996, after a year-long collaborative process, all the state commissioners of early childhood service agencies joined 30 leaders of private and non-profit organizations and providers in signing the Early Childhood Service Agreement, which sets forth detailed goals and objectives of integrating services and making them universal.* Also in 1996, after a consensual process, the state developed core standards and a self-assessment tool for center-based early childhood programs. A similar effort regarding family child care is underway.** The state is also helping communities use data through a Community Planning Profile to achieve desired outcomes for young children and families.

West Virginia: Various Program and Planning Initiatives

- West Virginia focuses on children and families of all ages in its community mobilization strategy, the Family Resource Network, but has also funded a prekindergarten initiative. Since *Map and Track '96* , it has increased its focus on young children and families. As a Starting Points grantee, it has developed nine Early Starting Points Centers that are integrated into its Family Resource Networks. The aim is to use those centers as a service integration hub, including linking them with the state's welfare reform implementation, particularly for families with young children. Leadership for the overall initiative is provided through a Cabinet on Children and Families and, as a part of that, an Early Childhood Implementation Commission. The Commission's charge is to foster school readiness by linking various on-going initiatives, such as the Head Start Collaboration Project, and the state's efforts to promote transition to school in order to create a comprehensive focus on young children. West Virginia is also developing a process to select outcomes and indicators for West Virginia's children that can be both county-specific and tracked over time.

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* The Early Childhood Work Group. (Fall 1996). *Vermont core standards and self assessment tool for center-based early childhood programs.* Waterbury, VT: Vermont Office of the Secretary, Agency of Human Services.

** Vermont Agency of Human Services & Vermont Department of Education. (1997). *Serving children, serving families: Coordinating early care and education in Vermont. A Report to the Vermont General Assembly.* Waterbury, VT: Vermont Agency of Human Services and Vermont Department of Education.

Box 2.13

States That Have Parallel Community Mobilization and Program Development Strategies

Maryland

- Local Management Boards (LMBs), involving broad-based community partnerships, are encouraged to identify local priorities affecting children and families (including school readiness) and to design comprehensive plans to address them.
- State-funded programs for young children and families include Family Support Centers for at-risk families with infants and toddlers, and a statewide prekindergarten program.
- Some Local Management Boards include representatives from local Family Support Centers, preschool program sites, and other programs for young children and families; others do not.
- The state will provide technical assistance and training to the Boards, and through this, hopes to increase the focus on young children and families.

Missouri

- In Missouri, the community mobilization strategy is centered around the development of county-based collaborations, known as Community Partnerships, charged to work closely with local school-linked services programs (Caring Communities) to identify community priorities (including early childhood issues) and design comprehensive plans to address them.
- The state pioneered and now funds Parents as Teachers (PAT), a comprehensive program for young children and families which offers family support and parenting education to families with infants and toddlers until the children reach age five. PAT is funded at $26 million.
- Representatives from local PAT sites may or may not participate in local Caring Communities sites or Community Partnerships.
- A state-level Early Childhood Task Force is developing legislative and other strategies to increase the focus on young children and families, building on the Caring Communities and Community Partnerships networks.

Program-Only Strategies

Arizona

- The state funds a "developmental continuum" of programs for young children and families that includes Healthy Start and County Health Block Grants for infants and toddlers, funded at a little over $1 million, Early Childhood Block Grants, and the Family Literacy Program for preschoolers, funded at $19.5 million and $1 million, respectively, and Healthy Families Arizona, a state-funded family support program for families with children birth to age six funded at $3.6 million.

Massachusetts

- State-funded programs for families with infants and toddlers include the Family Network, First Steps, and Healthy Start. Together, these are funded at just over $10 million.
- State-funded programs for families with preschoolers include Community Partnerships for Children and state Head Start supplement. Community Partnerships for Children requires community involvement and offers full-day, full-year early care to children in low-income working families. The program has expanded rapidly and is now funded at $60 million.

Ten Lessons and Trends from the States

Taken together, the data on the state of the states with respect to young children and families suggest eight lessons and trends that have implications for future policy, practice, and research.

1. **There is still a lack of high-level leadership to weave publicly-supported programs, public-private partnerships, and community mobilization efforts into a coherent framework for sustained high-priority attention to young children and families.** Despite evidence of commitments to program development and enhanced community mobilization across the states, no new state has joined the group of states, Colorado, Georgia, North Carolina, Ohio, Oregon, Minnesota, Vermont, and West Virginia, that have provided the most sustained leadership, investments, and vision

for their youngest children and their families. Moreover, all but one of the states identified in 1996 as not having any comprehensive programs or community mobilization strategies focused on young children and families still do not have them. This static pattern suggests a need for more active focus on states that have not moved to develop comprehensive initiatives on behalf of young children and families.

2. **Across most states the momentum to develop programs that address multiple needs of families continues.** Distinctions among different program types are blurring as states increasingly strive to create program approaches, whatever the age focus, to address parenting issues, child development issues, and adult development issues, including literacy and employment. It should be noted, however, that adult development strategies often seem to focus on mothers. Missing in state reports was evidence of efforts to engage fathers in the parenting process, particularly noncustodial fathers. Missing, too, was evidence of a commitment to assess the impacts of these flexible, comprehensive approaches, as well as to develop mechanisms to ensure program quality.

3. **Schools are playing an increasingly important role in the developing vision of an early care and education system for young children and families.** Woven together throughout the examples highlighted in this chapter is evidence of increased school involvement in early childhood. In some initiatives, schools or school districts have joined community leaders to develop strategic plans and/or allocate funds to strengthen connections between early care and education; in others, school formula grants are used as a source of funding for early childhood programs. In still others, states are making major investments in school-based prekindergarten programs. This is an important development that requires more scrutiny regarding best practices, immediate impacts on early school performance, and long-term links with school reform.

4. **States are using flexible funding strategies to stimulate program development and help communities meet specific needs.** States are providing funds to communities to design their own mix of programs and supports for young children and families. These state-initiated, community-designed efforts provide flexible resources to communities to create systems of early care and education. At face value, this makes sense; at the same time, there is a cautionary note: several states have reduced prekindergarten programs targeted to high-risk young children and families to finance, at least in part, these new, more flexible funding streams. What this will mean requires careful state-by-state assessments.

5. **A handful of states are developing approaches to address the extreme stresses that affect a significant group of parents of young children.** Of great concern to practitioners in the early childhood community has been the level of extreme stress in many families with young children, most typically related to domestic violence, substance abuse, and mental illness, as well as challenging behavior in young children. A handful of states are beginning to address the challenge in a policy context. These states are partnering with mental health, substance abuse, and early intervention agencies to invent a secondary support system that can join with the core early childhood programs identified throughout *Map and Track* to help some of the more vulnerable young children and families succeed. This new development is particularly timely given its potential importance to attaining the national goal of reducing employment-related barriers among families receiving welfare.

6. **Most states have not yet exploited opportunities to link welfare reform and programs for young children and families.** Thus far there has been only limited systematic effort to develop programs or policies to link welfare reform implementation with efforts to enhance outcomes for young children and families and ensure that the children enter school ready to learn. Now that the basic design for welfare reform is in place in all the states, there is a need to fine-tune efforts, particularly those that involve families with young children, to ensure that the focus on child-related outcomes is significantly strengthened.

7. **States are strengthening community mobilization strategies by providing technical assistance and linking these strategies with program development approaches.** States are using funding strategies, often linked to meeting certain general goals, to help communities develop and then sustain networks of services and supports to families with young children that meet local needs. The most pioneering states are going even further, seeking to forge new intergovernmental relationships with communities, particularly around technical assistance. Taken together, this points to a growing recognition that early childhood policymakers, advocates, and other leaders are ready to move beyond a "program-by-program" approach toward more of a community-based system of early childhood supports.

8. **Experience in the states with the most sustained initiatives suggests that engaging in a deliberate "building on" process is critical.** This permits the states to be both opportunistic, for example, responding to a foundation initiative, and deliberate, growing existing programs and infrastructures. In the states with the most comprehensive initiatives, this seems to reflect a conscious, evolutionary strategy that permits growth over time and across leaders and political parties.

9. **Research within and across the states is needed to help steer the next generation of program and policy development, and to ensure that public and private investments maximize impacts on young children and families.** Questions about what kinds of program, policy, and community mobilization strategies best promote the well-being of young children remain largely unanswered. Few state initiatives have evaluation components. Similarly, there are no hard data to link programs with specific outcomes. Do young children who have experienced prekindergarten, for example, do better in school, as some state research suggests? What is the impact of different patterns of work exemptions for mothers of infants? Answers to such questions are imperative to help move a coherent agenda for young children and families forward, yet there are few signs that they receive sufficient attention.

10. **Outside catalysts, foundations, and other state and national organizations make a difference in helping states strengthen policy leadership and initiatives.** Evidence continues to mount that high-level, especially gubernatorial leadership within states is crucial. Outside catalysts also play an important role in mobilizing states. These catalysts include foundation initiatives, such as the Carnegie Corporation of New York's Starting Points program. (The Corporation, in 1994, called national attention to the "crisis" affecting America's youngest children,[10] and subsequently funded 14 sites, in 10 states, to focus attention on the problem. They also include momentum generated from national initiatives, such as the I Am Your Child Campaign.[11] And, they continue to include federal programs, which, in many states provide the building blocks for the comprehensive programs in which states invest.

Conclusions

The picture that emerges in response to the core question of this report—what are states doing on behalf of young children and their families—is complex. There is some good news, but there is also, in many places, too little energy and investment on their behalf. Overall, there has been an increase in the number of programs for infants and toddlers, an expansion of support for preschoolers in most states that have already made a commitment to this age group, and a growing recognition of the importance of family support programs. However, the commitment to develop programs for young children and families is uneven. Not all states have invested in programs for young children of different ages, and even within states that have, access across the states is variable.

With respect to welfare reform, only a few states are systematically exploiting opportunities to explicitly link welfare reform strategies with comprehensive programs for young children and their families. Moreover, despite considerable interest in outcomes, research on the efficacy of state-initiated programs and other strategies to enhance the well-being of young children and families is limited.

Taken together, the information in this chapter calls dramatic attention to the need for more high-level leadership, across more states, on behalf of more young children and families. It also suggests that there is a need to pay attention to equity issues raised by variation in access to early childhood programs from state to state.

Endnotes

1. For other examples of recent state innovations, see Adams, G.; Schulman, K.; & Ebb, N. (1998). *Locked doors: States struggling to meet the child care needs of low-income working families.* Washington, DC: Children's Defense Fund.

Blank, H. & Adams, G. (1997). *State developments in child care and early education, 1997.* Washington, DC: Children's Defense Fund; Stebbins, H. (Ed.). (1997). State initiatives. In *The First Three Years: A Governor's Guide to Early Childhood.* Washington, DC: National Governors' Association.

Knitzer, J.; Collins, A; Oshinsky, C; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C.; & Strategic Partners from the Starting Points Sites. (1997). *Starting points: Challenging the "quiet crisis:" A description of the Starting Points sites.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health and Cambridge, MA: Harvard Family Research Project, Harvard University Graduate School of Education.

2. Olds, D. L.; Henderson, C. R., Jr.; & Kitzman, H. (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? *Pediatrics,* 93(1), pp. 89–98.

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Solloway, M.; Sonosky, C.; & McFetridge, C. (1994). *A review of home visiting programs funded by the Maternal and Child Health Bureau, U.S. DHHS.* Washington, DC: The Child and Adolescent Health Policy Center, The George Washington University.

U.S. General Accounting Office. (1990). *Home visiting: A promising early intervention strategy for at-risk families.* Washington, DC: U.S. General Accounting Office.

3. See, for example, Yoshikawa, H. &. Knitzer, J. (1997). *Lessons from the Field: Head Start Mental Health Strategies to Meet Changing Needs.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health and American Orthopsychiatric Association Task Force on Head Start and Mental Health.

J. Knitzer. (in press). Early childhood mental health services through a policy and systems development perspective. In J. P. Shonkoff and S. J. Meisels, (Eds.). *Handbook of early childhood intervention, 2nd ed.* New York, NY: Cambridge University Press.

4. Twice annually, the National Governors' Association and the National Association of State Budget Officers publish a fiscal survey of the states. The most recent update does feature investments in child development activities the states are undertaking. See National Association of State Budget Officers and National Governors' Association. (1997). *The fiscal survey of states.* Washington, DC: National Association of State Budget Officers and National Governors' Association.

5. See Collins, A. & Aber, J. L. (1997). *How welfare reform can help or hurt children* (Children and Welfare Reform Issue Brief No. 1). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

Two additional Issue Briefs have been published and several more are anticipated as part of the Children and Welfare Reform Issue Brief Series. See Collins, A. (1997). *Anticipating the effects of federal and state welfare changes on systems that serve children* (Children and Welfare Reform Issue Brief No. 2). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

Knitzer, J. & Bernard, S. (1997). *The new welfare law and vulnerable families: Implications for child welfare/child protection systems* (Children and Welfare Reform Issue Brief No. 3). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

6. Knitzer, J. & Bernard, S. (1997). *Map and track: State initiatives to encourage responsible fatherhood.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

7. For more discussion of this, see Knitzer, J.; Collins, A; Oshinsky, C; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C.; & Strategic Partners from the Starting Points Sites in Endnote 1.

8. It should be noted that during the two years since *Map and Track '96,* there have also been both concerted national and state efforts to develop public engagement campaigns designed to increase public education and public will to make the well-being of young children and families a higher priority. We did not, however, query states about these, and hence do not provide any data on them. However, a significant number of states are mounting public engagement campaigns, often linked to the national I Am Your Child Campaign.

9. For a fuller discussion of infrastructure issues in relation to quality early care and education systems see Kagan, L. & Cohen, N. (1998). *Not by chance: Creating an early care and education system for America's children.* New Haven, CT: Bush Center in Child Development and Social Policy, Yale University.

10. Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children.* New York, NY: Carnegie Corporation of New York.

11. See Endnote 8 and the I Am Your Child Campaign Internet Web site: http://www.iamyourchild.org/.

CHAPTER 3

The State of the States: A National Perspective on State-by-State Indicators

This chapter provides a national perspective on state-by-state indicators of young child and family well-being and indicators of state investments in basic supports to young children and families. It also illustrates how indicators might be used more strategically in program and policy development to achieve better outcomes for young children and families. The figures referred to in the text which show where each state stands on each of the indicators may be found at the end of this chapter. (More details about the indicators may be found in Chapter 4 and in Appendices B–C.)

State-By-State Indicators of Young Child and Family Well-Being

Map and Track '98 highlights state-by-state variation among 14 indicators of young children and family well-being. Data for 10 of the indicators are based on five-year state averages of census data prepared by the National Center for Children in Poverty (NCCP). (See Chapter 4 for state-by-state information and a guide to the data sources.) For each indicator, there is a discussion of the national average, a brief rationale for the use of the indicator, and illustrations of the range of state-by-state variation. Bar graphs illustrate each state's performance on the indicator. In addition, the most recent state-by-state averages of four commonly-used indicators of child health status are included.

The Findings

How Do Young Child Poverty Rates Vary in Different States?

The National Picture

Nationally, an average of 25 percent of all young children over a five-year period from 1992–1996 had incomes at or below the official poverty level; 12 percent of all young children, and half of all young children in poverty, are in what is called "extreme poverty," that is, they are in families with incomes less than 50 percent of the poverty level. Based on state averages, 44 percent of all young children live in families with incomes at or below 185 percent of the poverty level.[1]

National data also indicate that poverty disproportionately affects young children of color. Thirty-four percent of all non-Hispanic white young children are poor, 29 percent of all non-Hispanic black children are poor, 31 percent of all Hispanic young children are poor, and 5 percent of all young children who are members of other racial or ethnic groups are poor. In contrast, 62 percent of all young children are non-Hispanic white, 15 percent are non-Hispanic black, 17 percent are Hispanic, and 5 percent are members of

other racial or ethnic groups.[2] (State-by-state numbers are too small to permit reliable estimates of variation in poverty rates by ethnicity.)

State-by State Variation in Young Child Poverty Rates

- States vary in the proportion of children in families with incomes below the official poverty line, ranging from a low of 11 percent in Utah to over 30 percent in the District of Columbia,* Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and West Virginia. (See Figure 3.1 on page 70.)
- States vary in the incidence of extreme child poverty, from a low of 3 percent in Hawaii, Utah, and Vermont to a high of over 20 percent in the District of Columbia, Louisiana, Mississippi, and West Virginia.
- In 20 states, children living in extreme poverty constitute 50 percent or more of all children living at or below the poverty level.
- States vary in the proportion of children living in families with incomes below 185 percent of the poverty line, from a low of 28 percent in New Jersey to over 50 percent in 13 states: Arizona, Arkansas, Idaho, Louisiana, Mississippi, Missouri, Montana, New Mexico, Oklahoma, South Carolina, Tennessee, Texas, West Virginia, and the District of Columbia.

How Do Educational Levels of Parents with Young Children Vary in Different States?

The National Picture

Nationally, for 15 percent of children under age six, their more educated parent has not graduated from high school. For 28 percent of children under six, their more educated parent has *only* graduated from high school. Low levels of parental educational attainment are of particular concern for three reasons. First, jobs for unskilled workers are shrinking. Second, a long history of research links poor outcomes in young children with low levels of parental, especially maternal, education.[3] Third, meeting the public policy goal of ensuring that all children enter school ready to learn will be more difficult for parents who themselves have had incomplete or problematic experiences with school.

State-by-State Variation in Parental Educational Levels

- There is substantial state-by-state variation in the proportion of children with parents who did not complete high school, ranging from 3 percent in Alaska and 4 percent in Nebraska, Vermont, and Wyoming to over 20 percent in Arizona, California, the District of Columbia, Louisiana, and Texas. (See Figure 3.2 on page 71.)
- The proportion of children under age six whose more educated parent only graduated from high school ranges from a low of 18 percent in Utah to a high of 40 percent in West Virginia.
- Across the states, the percentages of children under age six whose more educated parent has education beyond high school ranges from between 40 and 50 percent in

* Throughout this chapter, the District of Columbia is referred to as a state.

the District of Columbia, Louisiana, Texas, and West Virginia to a high of over 70 percent in Minnesota, North Dakota, Utah, and Washington.

How Does the Family Structure in Which Young Children Live Vary in Different States?

The National Picture

Nationally, close to three out of every 10 young children (28 percent) are in single-parent families; 70 percent are in two-parent families. While poverty rates for children in single-parent families are five times as high as those for children in two-parent families, nearly one-third of all young children in two-parent families live in families with incomes at or less than 185 percent of the official poverty line.[4] It is also important to note that single-parent families are not just families headed by mothers. In fact, across the country, 14 percent of all children in single-parent families live with their fathers,[5] although data indicate that this percentage is considerably less for children under age six, just about 4 percent. The data also indicate that nationally, about 2 percent of all children under six are living with relatives.

Understanding state patterns of family structure, and crafting policies and programs in response, is important. For many single parents, particularly those with the fewest resources, the strains of both managing employment (including finding appropriate child care) and finding time and energy to be a nurturing parent can be enormous. Similarly, in many two-parent low-income families, both parents work, often on multiple shifts, so that they, too, experience strains. This in turn suggests that responsive policies must be grounded in the actual working patterns of parents with young children, and programs for them and their children must find ways to adapt to economic imperatives and realities across family structures. For those children in the care of relatives other than their parents, it is also important that they too have access to family support and other services.

State-by-State Variation in Family Structure

- States vary in the percentage of children under age six living in single-parent families from a low of 12 percent in Utah to a high of 57 percent in the District of Columbia.
- States vary significantly in the percentage of children under age six living in two-parent families. In the District of Columbia, 36 percent of young children under age six are in two-parent families; in Mississippi, it is 53 percent. In Utah, however, 87 percent of all children under six are in two-parent families. (See Figure 3.3 on page 72.)

How Does the Employment Status of Families with Young Children Vary in Different States?

The National Picture

Map and Track '98 uses two indicators as proxies to measure the employment status of parents of young children: the percentage of young children without any parent working full-time, and the percentage of young children whose mother is working either full- or part-time.

On the average, one-third of all children under age six do not have *any* parent working full-time. This indicator is important as a guide to the economic security of young children. On the average, 64 percent of children under age six have mothers working full- or part-time. This indicator is important as a guide to child-care demand.

State-by-State Variation in Parental Employment Status

- The range across the states in the percentage of young children without any parent working full-time is substantial, from 20 percent in Nebraska and South Dakota to 50 percent in West Virginia and close to 60 percent in the District of Columbia. In states with the largest young child populations, the percentage of young children without any parent working is at or above the national average: 38 percent in California, 37 percent in New York, and 33 percent in Texas. (See Figure 3.4 on page 73.)
- States vary considerably in the working patterns of mothers of young children, with a range from under 50 percent in West Virginia and just over 50 percent in New York, to 83 percent in North Dakota. In 18 states, 70 percent or more of the mothers of young children are working. (See Figure 3.5 on page 74.)

How Do Cash Assistance Benefit Levels Affect Poverty in Families with Young Children in Different States?

The National Picture

Under the AFDC program, as under its successor, TANF, states can determine their benefit levels. Overall, across the United States, using the five-year period from 1992–1996, AFDC benefits increased the average poor family's income from 39 percent to 52 percent of the official poverty line—a 13-point increase. Whether and how this distribution will change under TANF benefit levels remains an open question; data are not yet available.

State-by-State Variation in the Impact of Benefit Levels on Poverty

- The impact of AFDC cash assistance benefits varied enormously across the states. It increased the income of the average poor family with young children from as little as three percentage points in Alabama to over 20 points in seven states (and as many as 26 percentage points in Connecticut and the District of Columbia.) Thus, in Alabama, without benefits, the average poor family's income was 44 percent of the poverty line; with benefits, it was 47 percent. In the District of Columbia and seven states (Alaska, California, Connecticut, Hawaii, Massachusetts, Minnesota, and Vermont), public assistance benefits increased family income by over 20 percentage points, bringing it to 60 percent (or more) of the poverty line in four of these states. (See Figure 3.6 on page 75.)
- In no state, however, do cash assistance benefits move the average poor family to the poverty line, which in 1996, was $16,036 for a family of four.

How Do Indicators of Young Child Heath Status Vary in Different States?

The National Picture

Map and Track '98 uses five indicators of young child health and well-being. Four of the indicators are commonly used and are reported here based on 1995 data.[6]

- **Late or no prenatal care.** Failure to receive any or timely prenatal care is associated with birth complications and low birthweight, which in turn is related to high immediate hospital costs and to later long-term costs connected with the special needs of the children.[7] Across the states, 4 percent of women receive late or no prenatal care. (See Figure 3.7 on page 76.)
- **Infant morality rates.** The infant mortality rate (per 1,000 live births) is an important indicator not only of how many babies survive but of how effective the health delivery system is on their behalf. Across the states, 7.6 babies die in the first year of life for every 1,000 babies born. (See Figure 3.8 on page 77.)
- **Low birthweight.** Both low birthweight (under five pounds, eight ounces) and very low birthweight (under three pounds, five ounces), are also important indices of immediate and future risk to infants. Across the states, 1 percent of all infants are born very low birthweight, and 7 percent are low birthweight. (See Figure 3.9 on page 78.)
- **Completed vaccinations.** Ensuring that children under three receive all the vaccinations that are required is important for two reasons: First, since infants and toddlers are increasingly spending time in child care with other children, it is a public health necessity; second, it is important for the well-being of individual young children. Across the states, 77 percent of children between 19 and 35 months old have received the appropriate vaccinations. (See Figure 3.10 on page 79.)

State-by-State Variations

- Based on 1995 data, the proportion of women who receive late or no prenatal care ranges from a low of 1.3 percent in Rhode Island to just over 8 percent in Arizona and New Mexico to 14.9 percent in the District of Columbia. (See Figure 3.7 on page 76.)
- The infant mortality rate per 1,000 births ranges from a low of 5.2 in Massachusetts to 10.5 in Mississippi to 16.2 in the District of Columbia (See Figure 3.8 on page 77.)
- The very low birthweight rate ranges from a low of 0.78 percent in Vermont to 3.56 percent in the District of Columbia. The low birthweight rate ranges from 5.27 percent in North Dakota to 13.41 percent in the District of Columbia. (See Figure 3.9 on page 78.)
- Completed vaccination rates for infants and toddlers range from a low of 63 percent in Utah to a high of 87 percent in Connecticut. (See Figure 3.10 on page 79.)

The fifth indicator, the percentage of children under six lacking health insurance, has been specially developed for this report and is based on five-year averages of state data.

- **Young children lacking health insurance.** Across the states, close to one in eight children (13 percent) under age six lacks health insurance of any kind. This indicator

provides information on the percent of children under age six in families with incomes below 200 percent of the poverty level who are without health insurance. This cut-off, rather than 185 percent of the poverty level, was used because recent federal legislation on child health will allocate funds to the states for uninsured children according to the proportion of children below 200 percent of the poverty level. This will make it easier to track changes in access to health care in future editions of *Map and Track*.

- At a time when access to health care is critical, young low-income children are disproportionately uninsured. For all young children, the national average is 13 percent compared to 19 percent for low-income young children.
- In 16 states, the percentage of uninsured low-income children under age six is better than the national average. Vermont data indicates that only 5 percent of its young children are uninsured; in Hawaii, the level is 7 percent. In contrast, in the states with rates worse than the national average, levels of uninsured children are high: 27 percent in Arizona and Texas, 32 percent in Nevada and Oklahoma.

State-by-State Indicators of Investments in Young Children and Families

Map and Track '98 also includes indicators that together paint a partial picture of state investments in young children and families, and address state efforts to ensure economic security for young children. See Chapter 4 for state-by-state information and a guide to the sources. Two sets of indicators focus on investments directly for young children. One addresses state efforts to ensure economic security for young children.

The Findings

How Do State Investments in Early Care and Education Vary in Different States?

Access to child care and early education are critical to the well-being of families with young children. Accessible, affordable, high-quality child care is essential to the success of public policies promoting the employment of low-income parents, particularly women, and it is critical to the well-being of all children whose mothers work, regardless of income. Early educational experiences are important for the children, enhancing the likelihood of early school success. Three indicators of state investment in child care and early education are highlighted below.

Investments in State-Funded Child-Care Subsidies

Child care subsidy funding is comprised of federal and state funds, which are sometimes supplemented with local and private funds. Under the 1996 federal Child Care and Development Block Grant, each state is given a specific allocation that is divided into three categories: (1) mandatory funds it receives automatically; (2) maintenance of effort funds it will receive if it maintains the same level of state subsidy spending that it did in either 1994 or 1995; and (3) matching funds it receives for each dollar spent over and above the 1994/1995 maintenance of effort level. The data below indicate the level of changes in state spending in child care (including what the state spends to draw down Block Grant funds) in the past two years.[8] (See Appendix C, Table 1.)

- Just over half (26) of the states reported to NCCP increases of 10 percent or more in state spending for child-care subsidies. Two states reported increasing subsidies by less than 10 percent. One-third (17) of the states indicated that they did not increase state subsidies or that they decreased subsidies (four states) over the two-year period.[9]

State Supplements to Federal Head Start Programs

- Just under one-third (14) of the states report supplementing the federal Head Start program, and two states supplement the federal Early Head Start program for infants and toddlers. These state investments range from $300,000 in New Hampshire to over $200 million in Ohio. This finding basically reflects a holding pattern, involving the same number of states as were identified in the 1996 edition of *Map and Track.* Seven of the states that supplement Head Start do not have a state prekindergarten program. Seven states both supplement Head Start and have a state prekindergarten program. (See Appendix C, Table 1.)

Prekindergarten Programs

- More than half (27) of the states report funding prekindergarten programs for preschool-aged children. Although this number is not substantially different from the numbers identified in the 1996 edition of *Map and Track,* most programs have been expanded. (See Appendix C, Table 1.)

How Do State Investments in Child Health Vary Across the States?

During the past several years there has been a steady growth in the public policy effort to see that young children and families have access to appropriate health care (although this does not always include mental health care). This edition of *Map and Track* indicates whether the state's Medicaid eligibility rate for infants and young children from ages one to six is above the federally required rate of 133 percent of the poverty level. Eligibility rates higher than those federally required signify a state's investment in the health of their children.[10] (For actual state rates, see Chapter 4 and Appendix C, Table 1.)

- In 1998, 39 states had Medicaid eligibility rates for infants that were above those federally required, as compared to 34 in 1996.
- In 1998, 17 states had Medicaid eligibility rates for children ages 1–6 that were above those federally required, as compared to eight in 1996.

How Do States' Welfare-to-Work Requirements Affect Mothers with Infants?

The major thrust of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), including Title 1, Temporary Assistance to Needy Families (TANF), is to ensure that low-income parents leave welfare for work.[11] Under TANF, individuals must participate in work activities within two years of receiving assistance. But the law gives states the option to exclude mothers with children under age one from the work requirements, suggesting political recognition of the public interest in promoting strong early infant-parent relationships. (However, in all except nine states, the time period for the exemption still counts toward the lifetime limit for assistance, raising

questions about the long-term impact of the exemptions.) The law also gives the states the option, if they exempt mothers with infants from work for a specified time period, to impose other requirements, such as parent training, community service, or provisions set forth in a personal responsibility contract between the individual and the state.

- Of the 50 states responding to the NCCP survey, half report work exemptions for the mother for up to one year, 12 percent report an exemption for over one year, and 38 percent report either no exemptions or exemptions between three and six months. (See Box 3.1.)
- In almost two-thirds (30) of the reporting states, parents of infants who are exempted from work requirements do not have to meet any other special requirements, although they may have to comply with requirements for all TANF recipients (e.g., completing a self-sufficiency plan, immunizing children, cooperating with child-support enforcement, and complying with requirements for teen parents). Twenty states report that parents of infants who are exempt from work requirements are subject to other kinds of requirements (e.g., attending resume writing and job training workshops, participating in home-visiting programs, etc.). (See Appendix C, Table 2.)

Box 3.1

States with no exemptions from work requirements for mothers with infants (3 states)

Idaho
Iowa
Utah

States with exemptions lasting three months or less (10 states)

Arkansas	New Jersey
Colorado	Oklahoma
Florida	Oregon*
Michigan	South Dakota
Nebraska*	Wisconsin*

States with exemptions lasting 4-6 months (6 states)

California	North Dakota
Delaware	Tennessee*
Hawaii*	Wyoming

States with exemptions lasting up to one year (26 states)

Alabama	Minnesota
Alaska	Mississippi
Arizona	Missouri
Connecticut	Montana
District of Columbia	Nevada
Georgia	New Mexico
Illinois	New York
Indiana*	Ohio
Kansas	Pennsylvania
Kentucky	Rhode Island
Louisiana	South Carolina
Maine	Washington
Maryland	West Virginia

States with exemptions lasting more than one year (6 states)**

Massachusetts	Texas*
New Hampshire	Vermont*
North Carolina	Virginia*

---

* These states have indicated that the work exemptions for parents with infants do not count against lifetime limits.

** Under TANF, states may exempt single parents of children under age one from work requirements for a lifetime total of 12 months. Parents exempted under this provision may be excluded from state work participation rate calculations. Some states have indicated that they intend to have exemptions of more than 12 months because the federal provision is inconsistent with their 1115 waivers. Other states have indicated that they will have more restrictive exemptions in order to emphasize immediate work.

The thrust of recent welfare reform has been to require that low-income parents be part of the workforce. This involves not just moving families from welfare to work, but also ensuring that all low-income families, not just those receiving or leaving welfare, have enough income to meet their economic and parenting responsibilities. Three indicators are used to capture the states' choices in enhancing incomes for low-income families receiving public assistance: whether a state permits working families receiving TANF to keep more of their earnings than under the AFDC program; whether a state permits families to keep more of their assets than under the AFDC program and/or to start or maintain individual development (savings) accounts (IDAs) to help pay for items related to work and personal development; and whether families receiving TANF are given at least some child support collected on their behalf. (Under the federal law, states are allowed to "pass through" $50 or more of child support collected on their behalf directly to the families each month.) These funds can be used for expenses related to schooling and work, such as work clothes and car repairs.

- Forty-three states report permitting families to keep more earnings than was possible under AFDC. There is a great deal of variation from state to state in how much is disregarded and what is considered income. For example, earnings disregards vary from $30 in Georgia to earned family income up to 120 percent of the federal poverty line in Minnesota. Seven states do not report any provisions to help families keep additional earnings.

- Forty-nine states report permitting families to keep more assets than was possible under AFDC. Of the states that reported the extent of the assets disregard, provisions range from a single car in Kansas and Rhode Island to a car, $2,500 in resources, and an additional $10,000 in an IDA in South Carolina.

- Twenty-one states report permitting families receiving TANF to keep some level of child support collected on their behalf. Of these, one state has decreased the pass-through, 13 states are simply continuing the $50 pass-through permitted under AFDC, and seven indicate that additional monies beyond $50 will go to families.

In addition to these efforts to try to reduce levels of poverty among low-income families, states also have other options. At state initiative, they can enhance the federal earned income tax credit program with a state earned income tax credit, and/or develop a state dependent care tax credit for eligible low-income families. Using a different approach, states can also assist low-income noncustodial parents to access jobs or job training, enabling parents to thus provide more child support to their families. The 1996 PRWORA gives states the option of providing work or training to noncustodial fathers. The 1997 Balanced Budget Act (BBA) authorizes funds that may be used for this purpose. Further, states may use their own funds.

- Ten states report a state earned income tax credit. Five of these also have a state dependent care tax credit.

- Twenty-nine states report efforts to provide assistance to noncustodial parents. Three states report planning to use only Balanced Budget Act funds to help noncustodial parents in job-related activities. Eighteen states report using only state funds, and nine states report using or planning to use some combination of state and BBA funds.

The pattern of options a state chooses reflects, in part, its commitment to implementing poverty reduction strategies. Putting together the states' decisions in each of these areas, a pattern emerges: There is some commitment to increasing the income of young children and their families, but it is minimal. Of the five possible state investment indicators to promote adequate income for young children and families included in *Map and Track '98* (i.e., allowing TANF families to keep more assets and more earnings, giving some of the collected child support to eligible TANF families, providing state earned income tax and dependent care programs, and making work and training available to noncustodial parents), 8 percent of the states indicated that they were implementing all five of the indicators, but most states (68 percent) indicated that they were implementing only two or three of the NCCP indicators.

Box 3.2

States report combinations of the following to increase the income of poor families:

1. States reporting only one of the five indicators [4 states]*

District of Columbia	North Carolina
Idaho	Wyoming

2. States reporting any combination of two of the indicators [17 states]*

Alabama	Indiana	North Dakota
Arkansas	Kansas	Oklahoma
Arizona	Louisiana	South Carolina
Colorado	Mississippi	Texas
Florida	Missouri	West Virginia
Hawaii	Nebraska	

3. States reporting any combination of three of the indicators [17 states]*

California	Montana	South Dakota
Connecticut	New Hampshire	Tennessee
Delaware	New Mexico	Utah
Iowa	Ohio	Virginia
Kentucky	Pennsylvania	Washington
Maine	Rhode Island	

4. States reporting any combination of four of the indicators [9 states]*

Alaska	Nevada
Illinois	New Jersey
Minnesota	New York
Maryland	Oregon
Michigan	

5. States reporting all five of the indicators [4 states]*

Georgia	Vermont
Massachusetts	Wisconsin

* Indicators of state investment to promote adequate income for young children and families include providing work and training to noncustodial parents, allowing TANF families to keep more assets, allowing TANF families to keep more earnings, passing at least some of collected child support to eligible TANF families, and providing state income supports (i.e., state income tax or dependent care credits) to eligible low-income families.

- Of the six states (including the District of Columbia) with the highest young child poverty rates, only one, West Virginia, has developed a sustained, comprehensive initiative on behalf of young children and families (although several states with poor indicators do support program initiatives).
- Of the five states with the highest rates of parents of children under age six who did not complete high school, only one state (Arizona) reports any targeted family literacy programs.
- Four states (Louisiana, Mississippi, West Virginia, and the District of Columbia) with the highest rates of young children without any parent employed report only one of the five possible indicators to enhance family income among poor families tracked in the report.
- Of the five states with the highest percentage of young children in near poverty, only one, New Mexico, reports a state earned income tax credit.

Several themes emerge from the analysis of the indicators of young child and family well-being and state investment in young children and families.

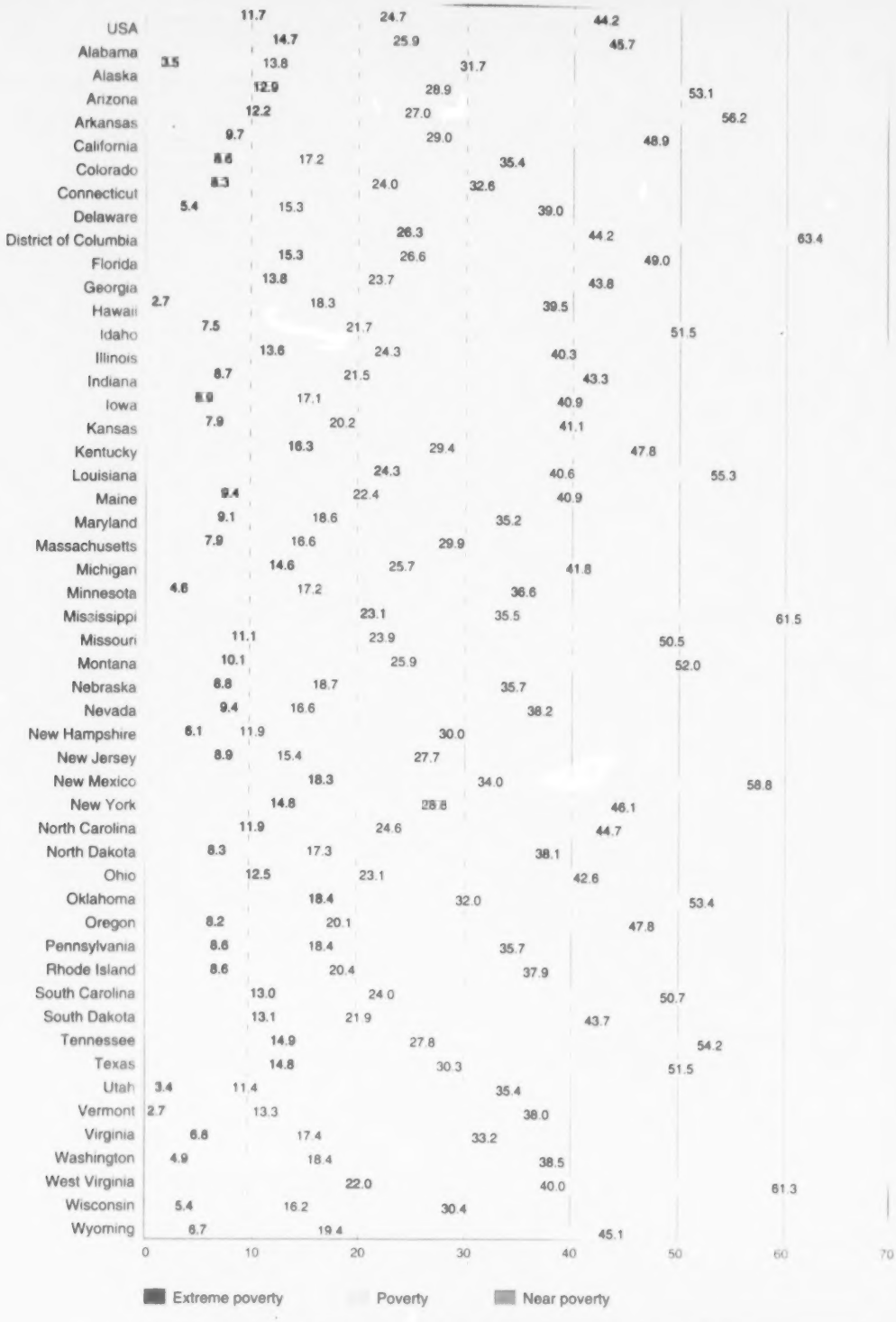
1. **There is great state-by-state variation in indicators of young child and family well-being.** The indicators not only paint a sobering picture of the status of young children in the United States, but call for a careful, state-by-state analysis of how their young children fare on the indicators.
2. **While the indicators of young child and family well-being are useful, they are also incomplete.** There are, for instance, no data on child-care waiting lists. Nor are there state-by-state indicators of school readiness,[12] despite the emphasis on school readiness as an important public policy goal for young children. And, most significantly, despite disturbing evidence from a national study that the lower the parental income, the less likely a young child is to participate in an early educational program,[13] there are no comparable state-by-state data. This makes it very difficult to explore the implications regarding access and equity issues across the states.
3. **Little relationship between indicator data and program and policy is apparent.** With the exception of a handful of states, there is little evidence that states, particularly those with indicators that are well below the state averages, are using data to drive policy changes.
4. **Hard fiscal indicators of per capita state investments in children and families are nonexistent.** For older children, school-based data provide important insights into state investments. For younger children, there is no single institution to provide core information, and no methodology to gather such data across agencies and institutions.[14] This limits both the kind of information that states have and the ability to do cross-state analyses about investments in young children. It also suggests the need for the development of methodologies and data to support within- and across-state analyses.

5. **Research is needed to answer important questions.** This chapter highlights the need for research-based answers to some difficult questions: What is the payoff from basic state investment in the well-being of young children and families? Are the poverty reduction strategies being developed within the states sufficient to provide adequate incomes to families with young children? What are the impacts of different work-exemption time limits for mothers of infants? What are the long-term impacts on family sufficiency and child well-being? And, most importantly, how can indicators be most helpful in guiding the future development of sound and prudent public policies on behalf of young children and families across the states, especially those that to date have made only a limited commitment to their youngest citizens?

Figure 3.1

State-by-State Variation in Young Child Poverty Rates

Extreme poverty, poverty, and near poverty rates of children under age six, by state, 1992–1996


USA 11.7 24.7 44.2
Alabama 14.7 25.9 45.7
Alaska 3.5 13.8 31.7
Arizona 12.9 28.9 53.1
Arkansas 12.2 27.0 56.2
California 9.7 29.0 48.9
Colorado 8.6 17.2 35.4
Connecticut 8.3 24.0 32.6
Delaware 5.4 15.3 39.0
District of Columbia 26.3 44.2 63.4
Florida 15.3 26.6 49.0
Georgia 13.8 23.7 43.8
Hawaii 2.7 18.3 39.5
Idaho 7.5 21.7 51.5
Illinois 13.6 24.3 40.3
Indiana 8.7 21.5 43.3
Iowa 5.9 17.1 40.9
Kansas 7.9 20.2 41.1
Kentucky 16.3 29.4 47.8
Louisiana 24.3 40.6 55.3
Maine 9.4 22.4 40.9
Maryland 9.1 18.6 35.2
Massachusetts 7.9 16.6 29.9
Michigan 14.6 25.7 41.8
Minnesota 4.6 17.2 36.6
Mississippi 23.1 35.5 61.5
Missouri 11.1 23.9 50.5
Montana 10.1 25.9 52.0
Nebraska 8.8 18.7 35.7
Nevada 9.4 16.6 38.2
New Hampshire 6.1 11.9 30.0
New Jersey 8.9 15.4 27.7
New Mexico 18.3 34.0 58.8
New York 14.8 28.8 46.1
North Carolina 11.9 24.6 44.7
North Dakota 8.3 17.3 38.1
Ohio 12.5 23.1 42.6
Oklahoma 18.4 32.0 53.4
Oregon 8.2 20.1 47.8
Pennsylvania 8.6 18.4 35.7
Rhode Island 8.6 20.4 37.9
South Carolina 13.0 24.0 50.7
South Dakota 13.1 21.9 43.7
Tennessee 14.9 27.8 54.2
Texas 14.8 30.3 51.5
Utah 3.4 11.4 35.4
Vermont 2.7 13.3 38.0
Virginia 6.8 17.4 33.2
Washington 4.9 18.4 38.5
West Virginia 22.0 40.0 61.3
Wisconsin 5.4 16.2 30.4
Wyoming 6.7 19.4 45.1
0 10 20 30 40 50 60 70
Extreme poverty
Poverty
Near poverty

NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. Income statistics refer to the year prior to that in which the data were collected. Statistics reported are cumulative. In the U.S. for example,11.7% of young children lived in extreme poverty (under 50% of the poverty line), 24.7% lived in poverty (under 100% of the poverty line), and 44.2% lived in near poverty or worse (under 185% of the poverty line).

Figure 3.2

State-by-State Variation in Parental Education Levels

Percentage of children under age six, by educational attainment of more educated parent, by state, 1993–1997

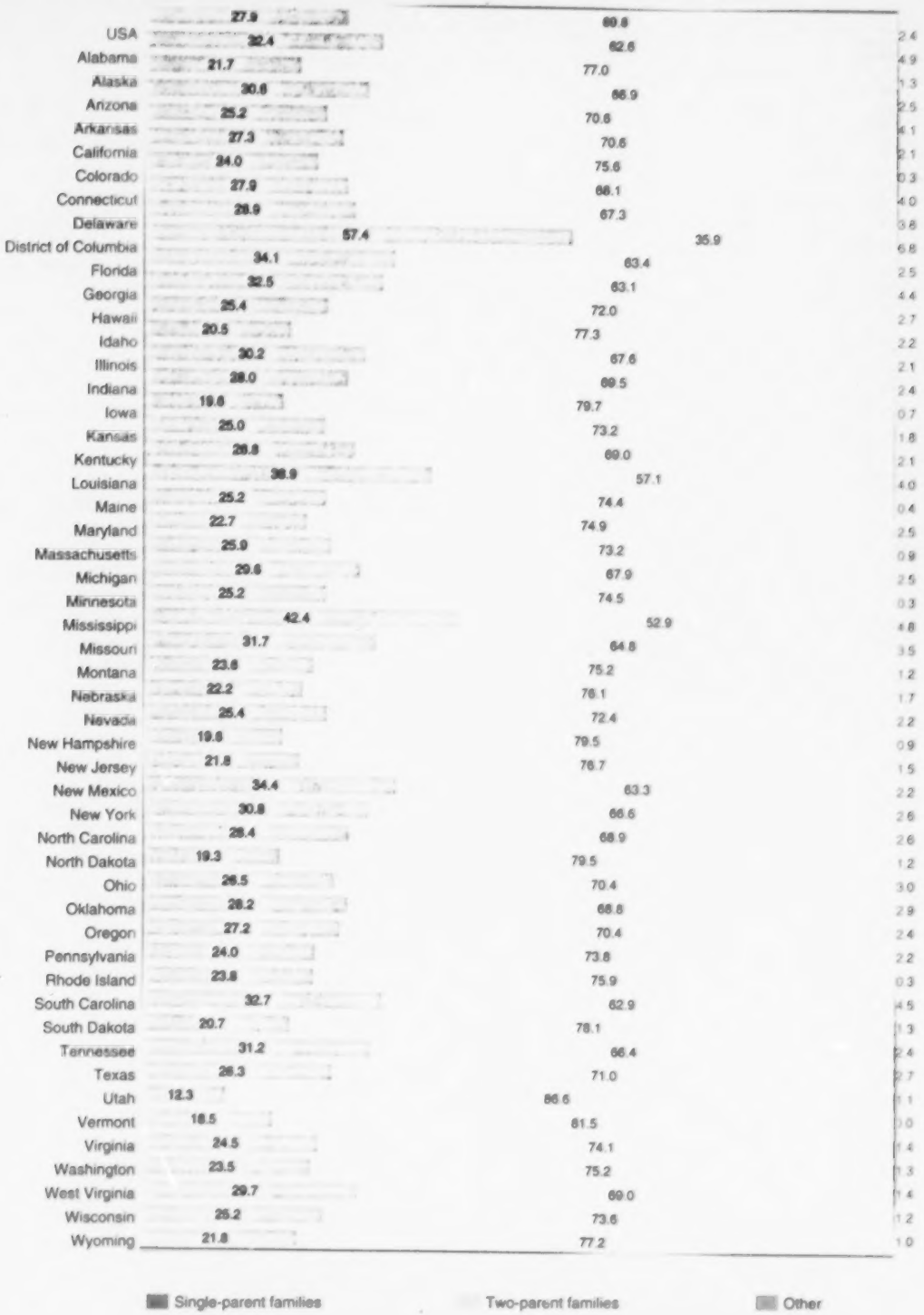
USA 14.6 27.9 57.5
Alabama 13.8 30.9 55.4
Alaska 2.7 33.0 64.3
Arizona 20.7 21.2 58.0
Arkansas 10.0 35.9 54.1
California 26.1 22.2 51.8
Colorado 11.1 22.8 66.1
Connecticut 6.8 29.0 64.3
Delaware 6.2 34.7 59.0
District of Columbia 28.7 28.8 42.5
Florida 15.1 28.0 56.9
Georgia 11.0 31.4 57.6
Hawaii 6.4 29.4 64.2
Idaho 12.9 30.0 57.1
Illinois 15.0 26.5 58.5
Indiana 10.6 36.0 53.3
Iowa 7.9 30.2 62.0
Kansas 7.5 24.3 68.2
Kentucky 12.2 34.6 53.1
Louisiana 22.3 29.9 47.8
Maine 9.7 35.4 54.9
Maryland 12.3 25.9 61.8
Massachusetts 8.9 25.0 66.1
Michigan 11.6 27.0 61.4
Minnesota 5.7 21.4 72.9
Mississippi 16.3 29.5 54.2
Missouri 10.0 29.9 60.1
Montana 10.2 27.4 62.5
Nebraska 4.4 26.1 69.6
Nevada 17.0 26.6 56.5
New Hampshire 6.5 30.7 62.8
New Jersey 8.5 24.9 66.7
New Mexico 16.5 31.1 52.4
New York 16.0 27.4 56.7
North Carolina 13.4 30.4 56.2
North Dakota 5.7 20.8 73.5
Ohio 8.9 33.8 57.2
Oklahoma 12.0 31.5 56.5
Oregon 12.1 27.3 60.7
Pennsylvania 8.6 32.7 58.7
Rhode Island 15.6 32.2 52.2
South Carolina 15.5 32.0 52.4
South Dakota 8.6 25.6 65.8
Tennessee 16.6 32.2 51.2
Texas 21.4 28.9 49.7
Utah 5.5 18.3 76.2
Vermont 3.9 29.7 66.4
Virginia 7.5 32.9 59.6
Washington 6.7 22.7 70.6
West Virginia 17.5 39.7 42.7
Wisconsin 7.7 29.9 62.3
Wyoming 3.9 32.4 63.7
More educated parent did not finish high school
More educated parent finished high school
More educated parent had high school and more

NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. Education statistics refer to the same year in which the data were collected.

Figure 3.3

State-by-State Variation in Family Structure in Which Young Children Live

Percentage of children under age six, by family structure, by state, 1993–1997

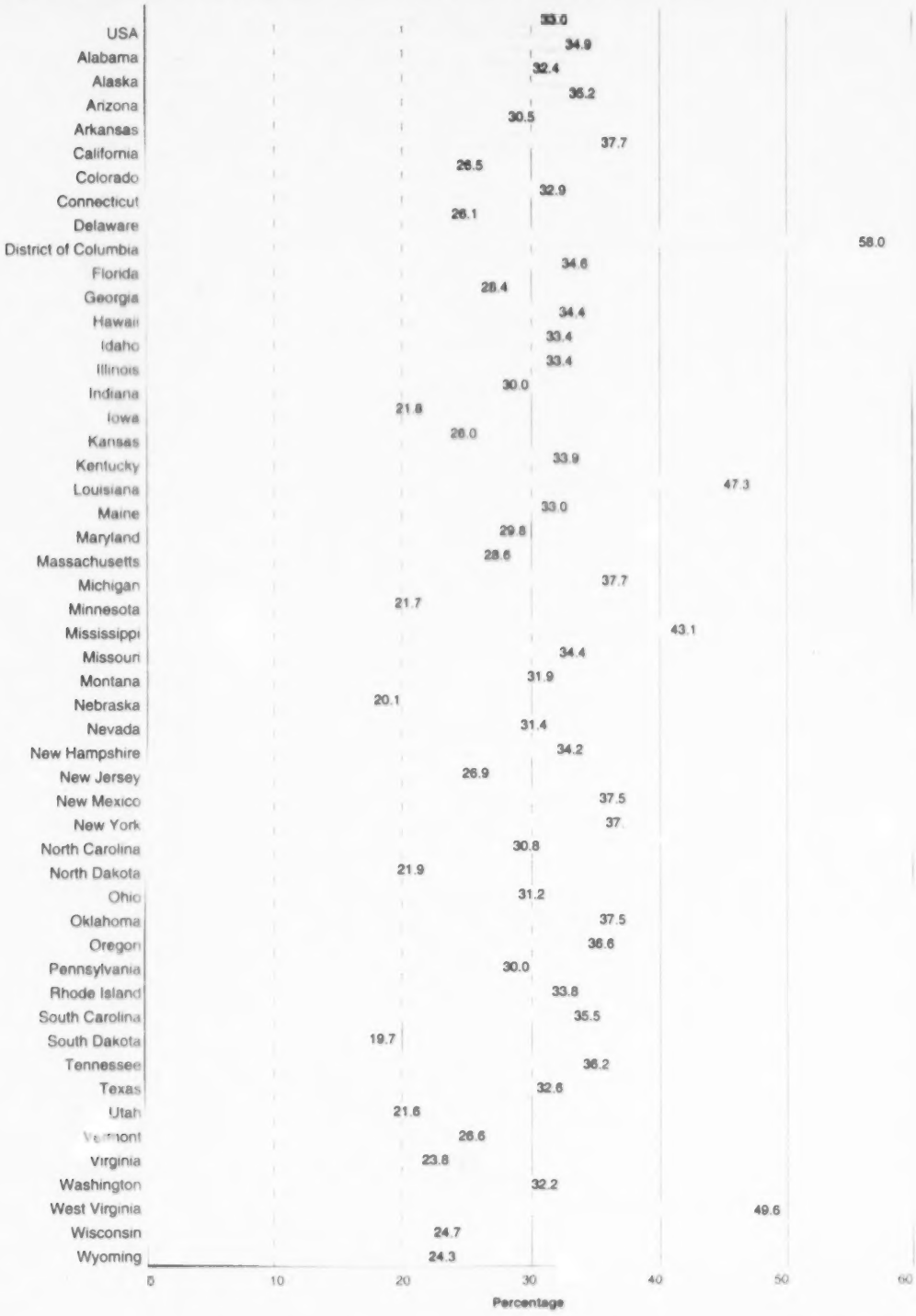

USA 27.9 69.8 2.4
Alabama 32.4 62.6 4.9
Alaska 21.7 77.0 1.3
Arizona 30.6 66.9 2.5
Arkansas 25.2 70.6 4.1
California 27.3 70.6 2.1
Colorado 24.0 75.6 0.3
Connecticut 27.9 68.1 4.0
Delaware 28.9 67.3 3.8
District of Columbia 57.4 35.9 6.8
Florida 34.1 63.4 2.5
Georgia 32.5 63.1 4.4
Hawaii 25.4 72.0 2.7
Idaho 20.5 77.3 2.2
Illinois 30.2 67.6 2.1
Indiana 28.0 69.5 2.4
Iowa 19.6 79.7 0.7
Kansas 25.0 73.2 1.8
Kentucky 28.8 69.0 2.1
Louisiana 38.9 57.1 4.0
Maine 25.2 74.4 0.4
Maryland 22.7 74.9 2.5
Massachusetts 25.9 73.2 0.9
Michigan 29.6 67.9 2.5
Minnesota 25.2 74.5 0.3
Mississippi 42.4 52.9 4.8
Missouri 31.7 64.8 3.5
Montana 23.6 75.2 1.2
Nebraska 22.2 76.1 1.7
Nevada 25.4 72.4 2.2
New Hampshire 19.6 79.5 0.9
New Jersey 21.8 76.7 1.5
New Mexico 34.4 63.3 2.2
New York 30.8 66.6 2.6
North Carolina 28.4 68.9 2.6
North Dakota 19.3 79.5 1.2
Ohio 26.5 70.4 3.0
Oklahoma 28.2 68.8 2.9
Oregon 27.2 70.4 2.4
Pennsylvania 24.0 73.8 2.2
Rhode Island 23.8 75.9 0.3
South Carolina 32.7 62.9 4.5
South Dakota 20.7 78.1 1.3
Tennessee 31.2 66.4 2.4
Texas 28.3 71.0 2.7
Utah 12.3 86.6 1.1
Vermont 18.5 81.5 0.0
Virginia 24.5 74.1 1.4
Washington 23.5 75.2 1.3
West Virginia 29.7 69.0 1.4
Wisconsin 25.2 73.6 1.2
Wyoming 21.8 77.2 1.0
Single-parent families
Two-parent families
Other

NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. The percentages do not add up to 100 because some children live with neither parent. Sample sizes of children under six years of age in single-parent families in some states are too small to classify by whether they are from mother-only or father-only families.

Figure 3.4

State-by-State Variation in Young Children Without a Parent Working Full Time

Percentage of children under age six who did not have a parent working full-time, by state, 1992–1996

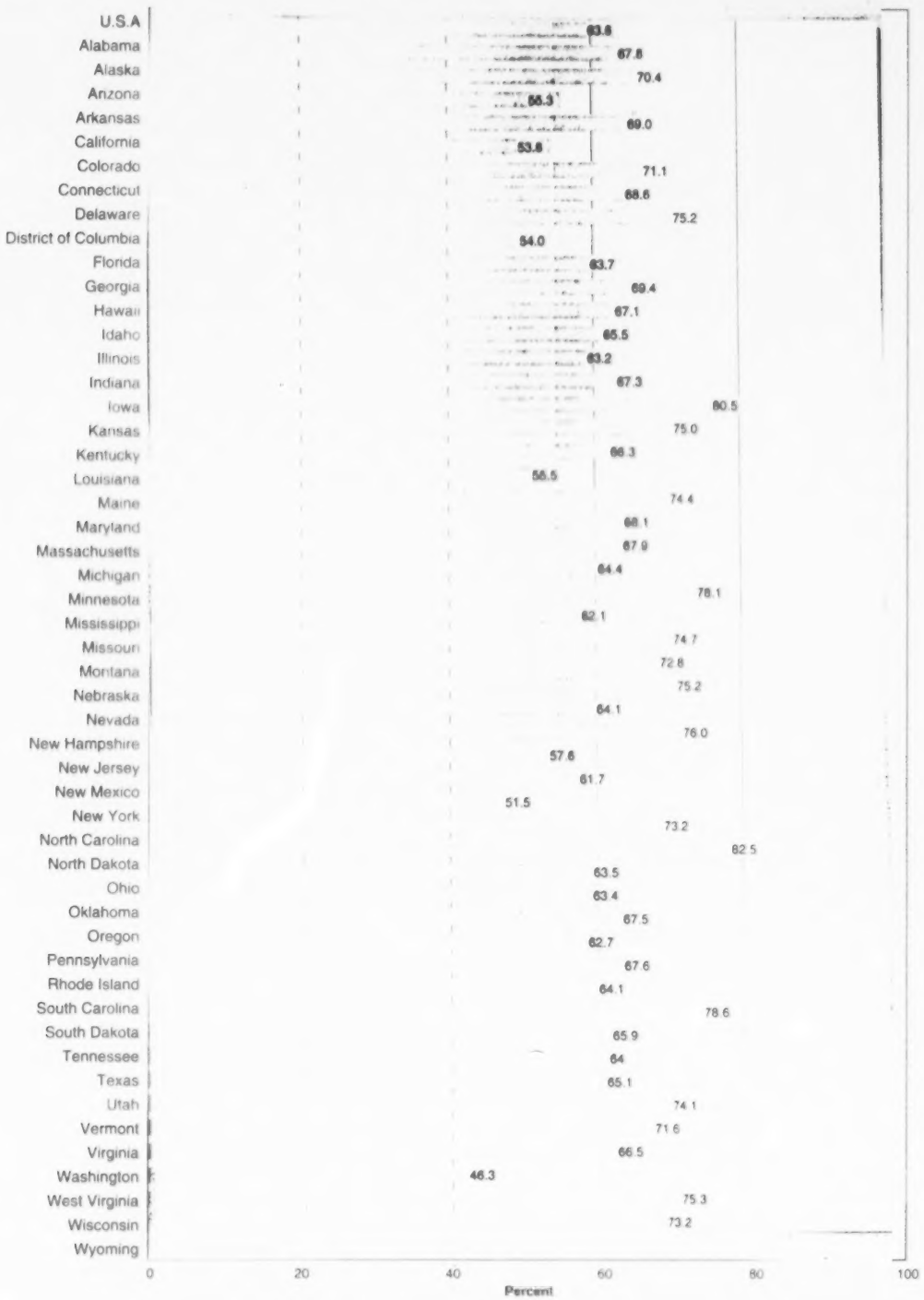


NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. Employment statistics refer to year prior to that in which the data were collected.

Figure 3.5

State-by-State Variation in Young Children with Working Mothers

Percentage of children under age six whose mother was working either part-time or full-time, by state, 1992–1996

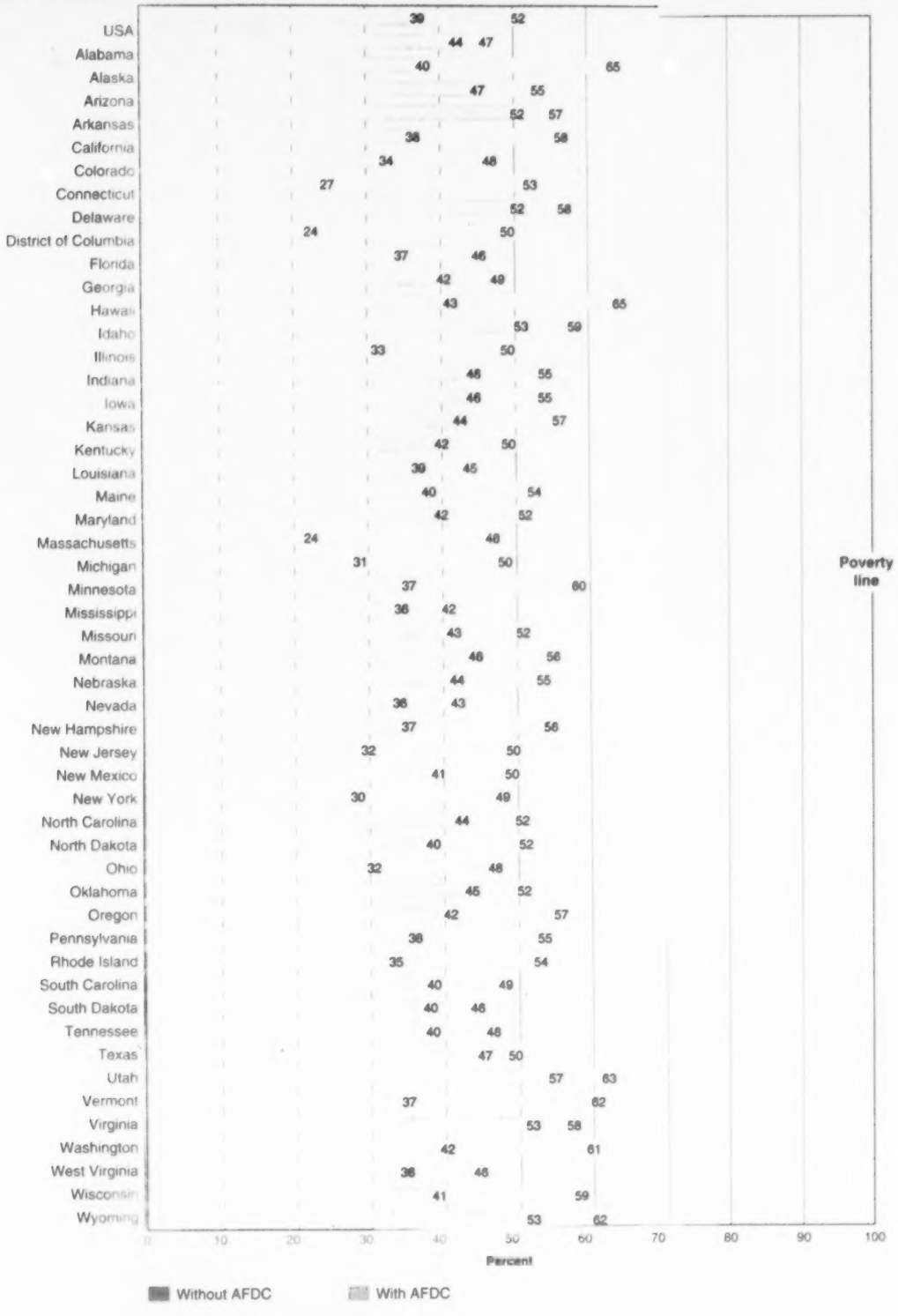


NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. Employment statistics refer to the year prior to that in which the data were collected. According to the Census Bureau, a person is classified as having worked part-time during the preceding calendar year if she worked less than 35 hours per week in a majority of the weeks in which she worked during the year. Conversely, she is classified as having worked full-time if she worked 35 hours or more per week during a majority of the weeks in which she worked.

Figure 3.6

State-by-State Variation in the Impact of Benefit Levels in Child Poverty

Among poor children under age six, family income as a percentage of the poverty line: With and without AFDC benefits, by state, 1992–1996

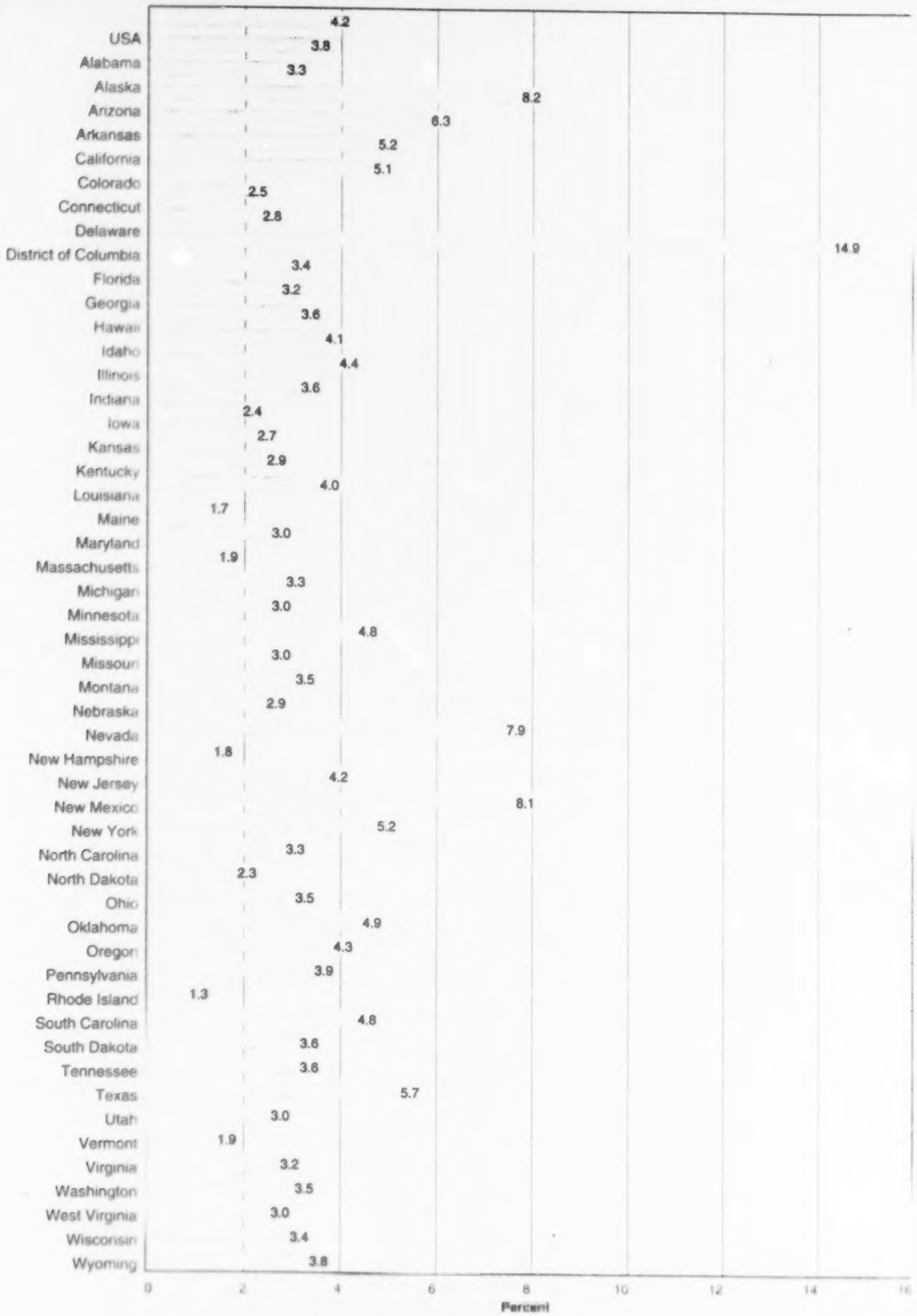


NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. Income statistics refer to the year prior to that in which the data were collected. The poverty line for a family of four in 1996, for example, was $16,036.

Figure 3.7

State-by-State Variation in Timing of Prenatal Care

Percentage of pregnant women who received late or no prenatal care, by state, 199



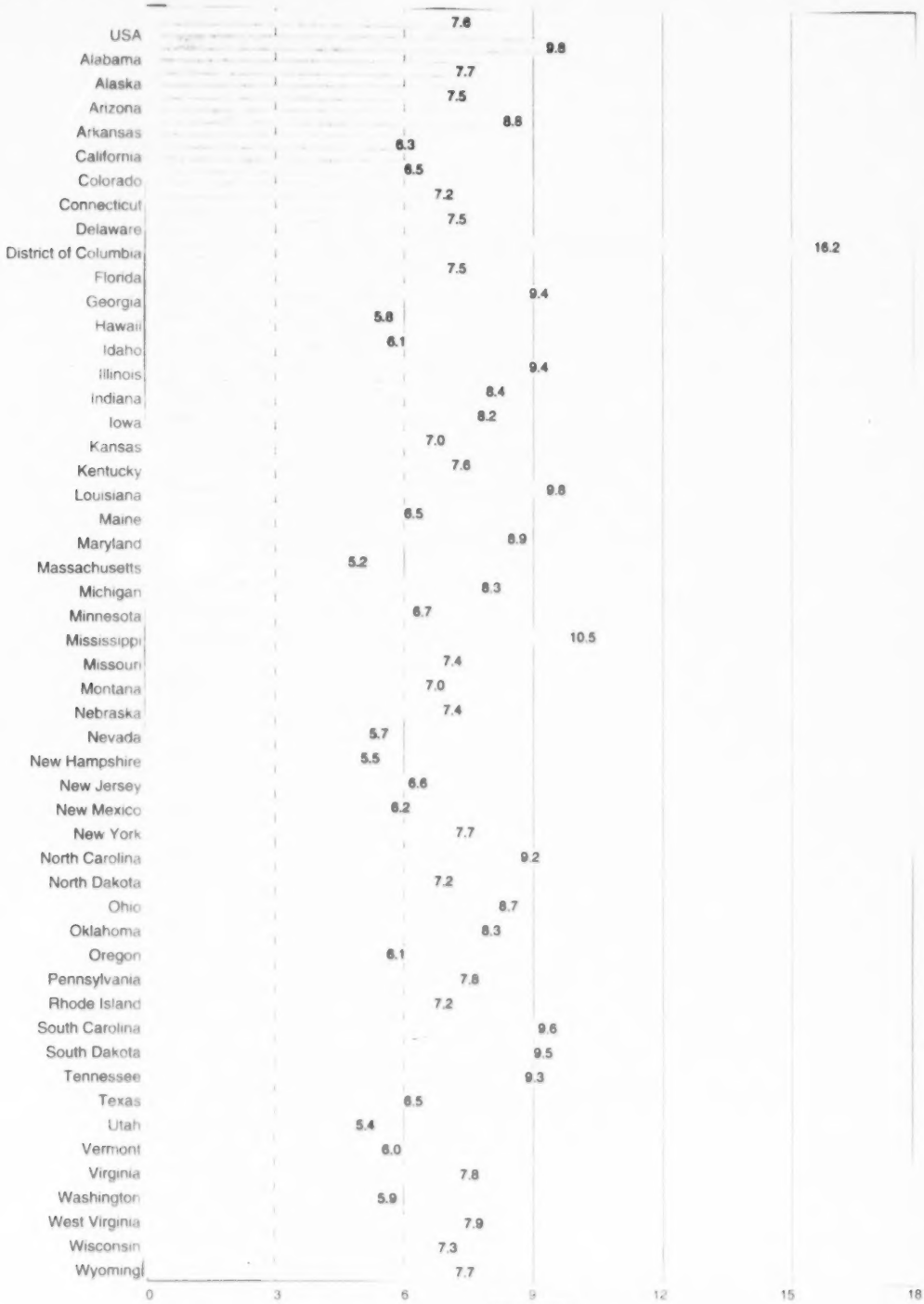
NOTE: Late prenatal care is defined as beginning in the third trimester.

SOURCE: Ventura, S.J.; Martin, J.A.; Curtin, S.C.; & Mathews, T.J. (1997). Report of final natality statistics, 1995. *Monthly Vital Statistics Report*, 45(11), Supp., p. 60, Table 34.

Figure 3.8

State-by-State Variation in Infant Mortality Rates

Infant mortality rate (per 1,000 live births), by state, 1995

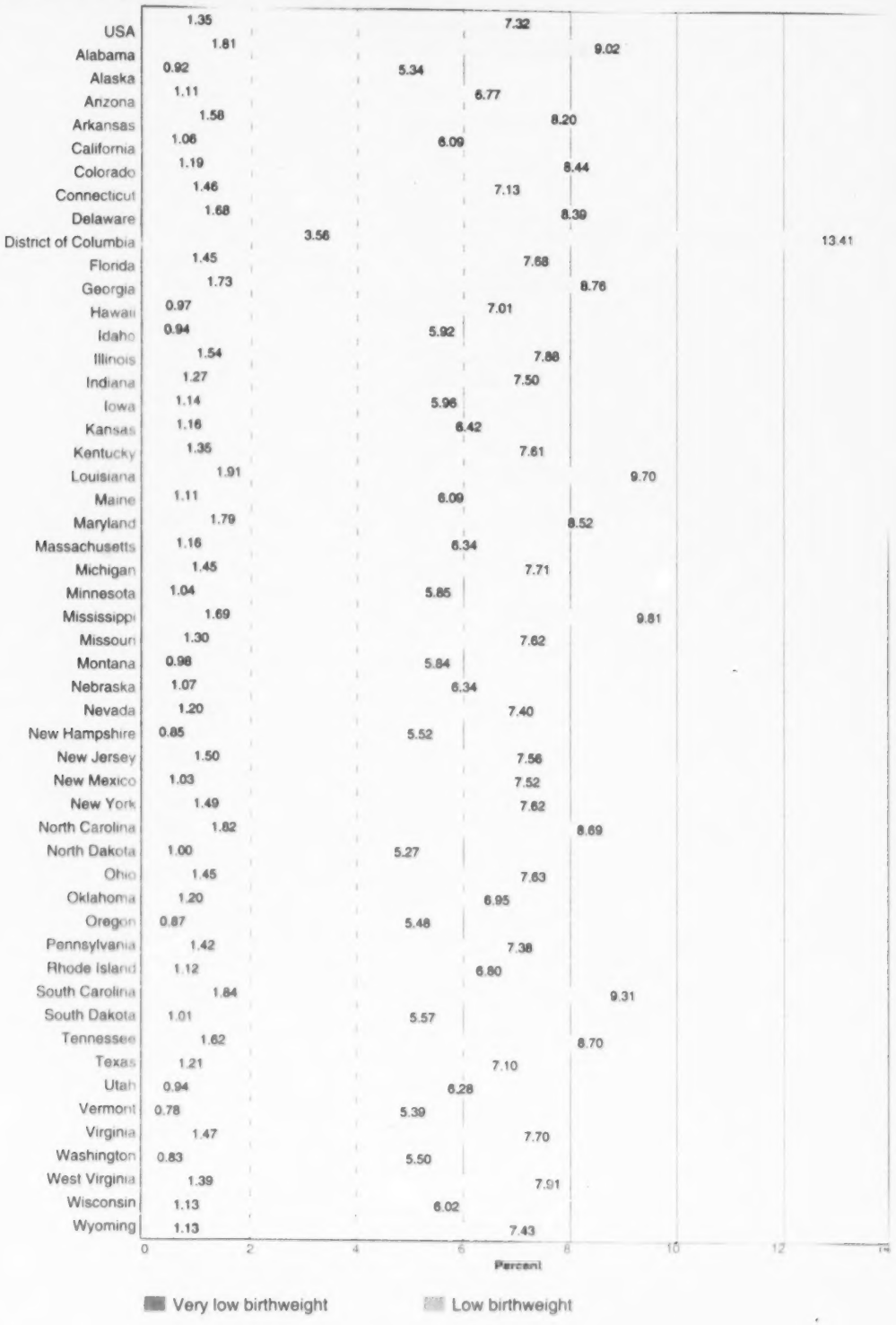


SOURCE: Anderson, R.N.; Kochanek, D.D.; & Murphy, S.L. (1997). Report of final mortality statistics, 1995. *Monthly Vital Statistics Report*, 45(11), Supp. 2, pp. 71–72, Table 30.

Figure 3.9

State-by-State Variation in Low and Very Low Birthweight Rates

Percentage of infants born of low birthweight (under 2,500 grams or 5 lbs., 8 oz.) and very low birthweight (under 1,500 grams or 3 lbs., 5 oz.), by state, 1995

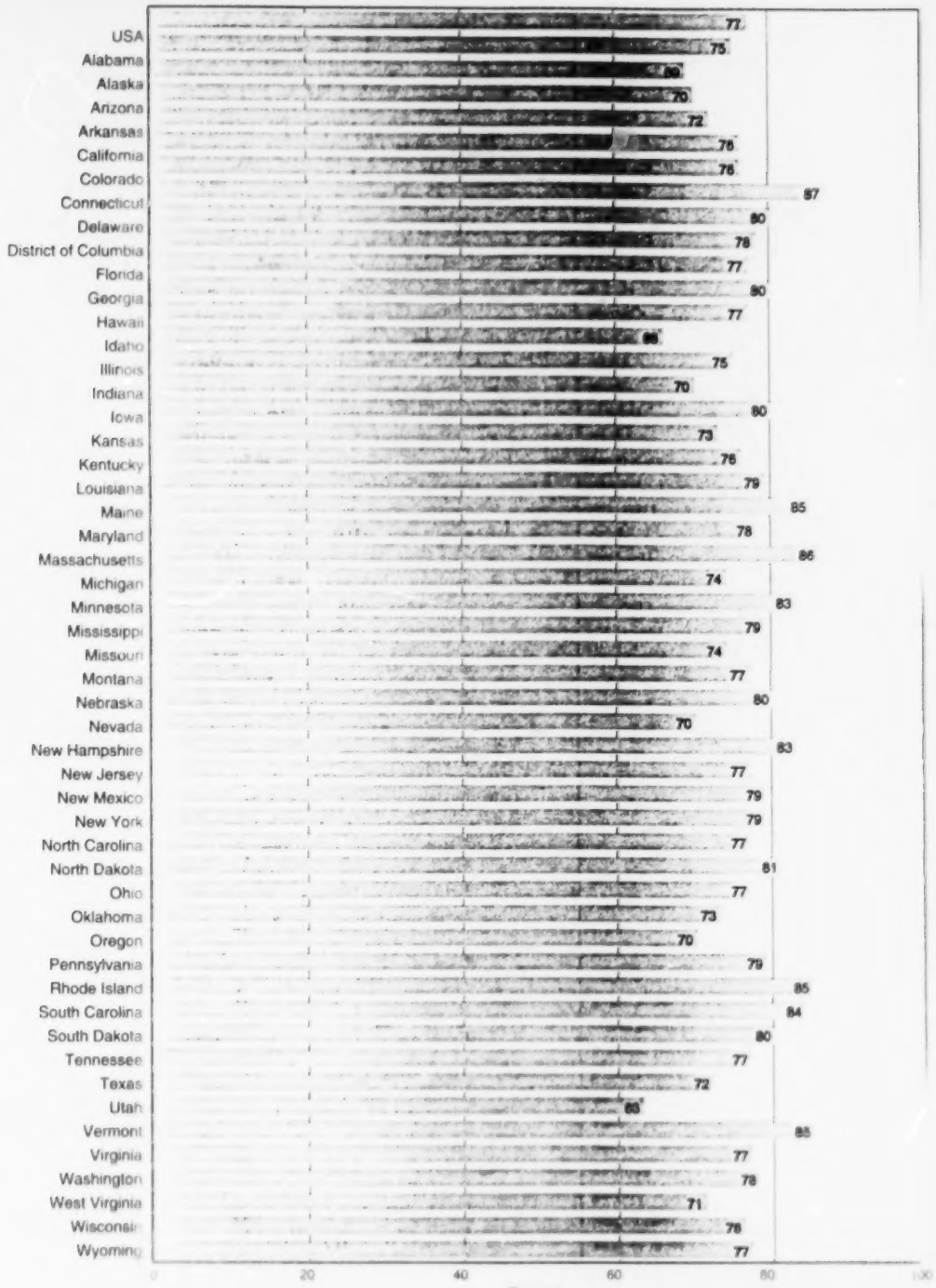


SOURCE: Unpublished data from the National Center for Health Statistics, Division of Vital Statistics.

Figure 3.10

State-by-State Variation in Young Child Vaccination Rates

Percentage of children vaccinated aged 19–35 months, by state, 1995



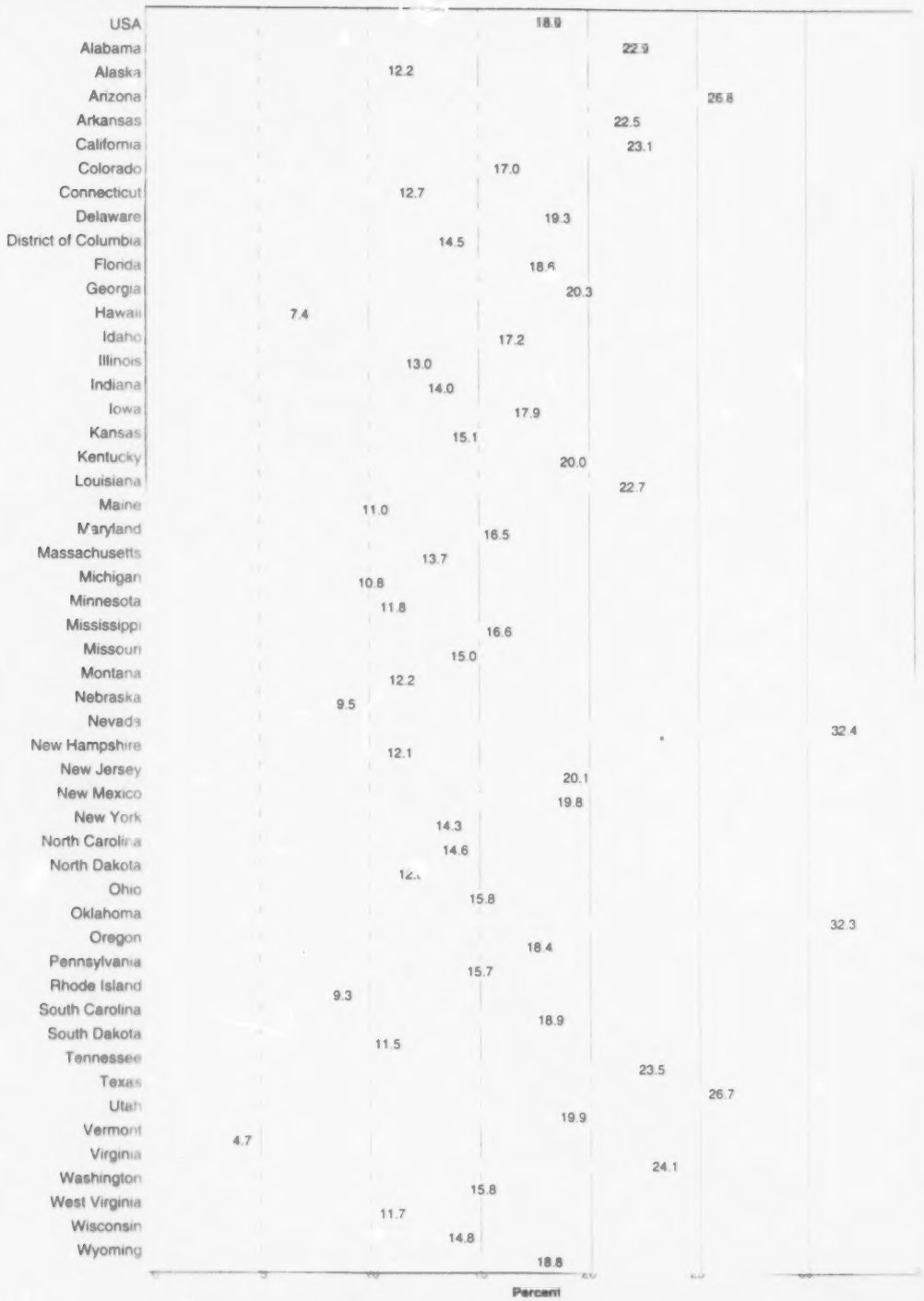
NOTE: The percentage immunized with the 4:3:1:3 series, which includes four or more doses of DTP/DT vaccine, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of Haemophilus influenzae type B vaccine.

SOURCE: U.S. Department of Health and human Services, Public Health Service. (1997). Status report on the Childhood Immunization Initiative: National, state, and urban area vaccination coverage levels among children aged 19–35 months—United States, 1996. *Morbidity and Mortality Weekly Report*, 46(29), pp. 662–663,Table 3.

Figure 3.11

State-by-State Variation in Access to Health Insurance Among Low-Income Young Children

Percentage of children under age six in families with incomes under 200 percent of the poverty line who are without health insurance, by state, 1992–1996



NOTE: Based on NCCP analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997. Income statistics refer to the year prior to that in which the data were collected.

Endnotes

1. In 1996, based on national data, 43 percent of all young children lived in families with incomes at or below 185 percent of the poverty level. Li, J. & Bennett, N. (1998). *Young children in poverty: A statistical update, March 1998 edition.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health, p. 2.

2. *Ibid.*

3. Haveman, R. & Wolfe, B. (1994). *Succeeding generations: On the effects of investments in children.* New York, NY: Russell Sage Foundation.

Huston, A. C.; Coll, C. G.; & McLoyd, W. C., Editors. (1994). Children and poverty. *Child Development,* 65(2), pp. 275–718.

Prince, C.D.; Nord, C. W.; & Zill, N. (1993, Apr 12–16). Social indicators predictive of school success: Linking health and social information available at birth to measures of children's health, behavior, and academic status. Paper presented at the annual meeting of the American Educational Research Association, Atlanta, GA.

Smith, S; Brooks-Gunn, J.; & Klebanov, P. (1997). Children in poverty: School readiness and emotional development. In G. J. Duncan & J. Brooks-Gunn, (Eds.), *Consequences of growing up poor* [edited papers from a conference co-sponsored by the National Institute for Child Health and Human Development and the Russell Sage Foundation, February 2–3, 1995, at the National Academy of Sciences]. New York, NY: Russell Sage Foundation.

Stief, E. A.. (1993). *The role of parent education in achieving school readiness.* Washington, DC: National Governors' Association, Employment and Social Services Policy Studies, Social Services Program.

Zill, N.; Moore, K.; Smith, E.; Stief, T.; & Coiro, M. J. (1991). *The life circumstances and development of children in welfare families: A profile based on national survey data.* Washington, DC: Child Trends.

4. National Center for Children in Poverty. (1996). *One in four: America's youngest poor.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health, p. 39.

5. Based on data from U.S. Bureau of the Census, March Current Population Survey, 1993–1997. For more information on father-only families and how states are promoting responsible fatherhood, see Knitzer, J. & Bernard, S. (1997). *Map and track: State initiatives to encourage responsible fatherhood.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health, p. 32.

6. While these statistics are helpful, it should also be noted that in many states, there are significant variations between the statewide average and those for specific high-risk communities, and/or among specific ethnic and racial groups.

7. Klerman, L. V. with Parker, M. B. (1991). *Alive and well? A research and policy review of health programs for poor young children.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

8. In calculating the increase, we asked states to include the state match for federal funds because states are *not required* to match the increase, although there is a penalty if they do not provide a match.

9. These data must be considered in relation to data collected by the Children's Defense Fund that indicate enormous variation in per capita expenditures by states for child care. In 1995, for example, per capita state expenditures ranged from $12.10 in Mississippi to $148.50 in Alaska. See Adams, G. & Poersch, N. (1996). *Who cares: State commitment to child care and early education.* Washington, DC: Children's Defense Fund.

10. *Map and Track '96* indicated the seven states providing supplemental health insurance programs. With the enactment of the State Child Health Insurance Program (SCHIP), all the states now have incentives to develop such programs. The next edition of *Map and Track* will provide information on each state's SCHIP.

11. U.S. House of Representatives. (1996). *Personal Responsibility and Work Opportunity Reconciliation Act of 1996: Conference report to accompany H.R. 3734.* Washington, DC: U.S. Government Printing Office.

12. A recent report on school readiness indicators for early childhood includes state averages and lists of "best states" for only four of the ten indicators: prenatal care, birthweight, children's health index (those at risk for mothers receiving late or no prenatal care; low maternal weight gain; smoking by mother during pregnancy; or alcohol use by mother during pregnancy), and immunizations. Only national data is given for indicators of family-child activities (family-child reading, other family-child language and literacy activities, and support for families of preschoolers) and preschool experiences (preschool participation, quality of preschool centers, and quality of home-based preschool settings). National Education Goals Panel. (1997). *Special early childhood report, 1997.* Washington, DC: National Education Goals Panel.

13. The National Household Education Survey (NHES:93), done in 1993, focused on school readiness, school safety, and school discipline. Data was also collected in 1995 and 1996; however data was not grouped by individual state. National Center for Education Statistics. (1993). *Profiles of preschool children's child care and early education program participation: Statistical analysis report.* Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics.

14. Twice annually, the National Governors' Association and the National Association of State Budget Officers publish a fiscal survey of the states. The most recent update does feature investments in child development activities the states are undertaking. See National Governors' Association and National Association of State Budget Officers. (1997). *The fiscal survey of states.* Washington, DC: National Governors' Association and National Association of State Budget Officers.

CHAPTER 4

Profiles of Individual States

This chapter provides state-by-state summaries of: (1) program initiatives to promote the well-being of infants, toddlers, and preschool-age children and their families; (2) indicators of state investments and supports for young children and families and state investments to promote adequate income for young children and families; and (3) socioeconomic and health indicators of child and family well-being. The state summaries and indicators can be used in comparing states by region or along other dimensions of interest. Figure 4.1 explains the symbols and abbreviations used in the state program summaries. Figures 4.2 and 4.3 explain the sources of data and definitions for the indicators presented. These data are, to the best of our knowledge, accurate as of fall 1997.

Three types of initiatives are described in the state profiles. Criteria for each follow.

1. **Comprehensive programs that are state-funded, focus on young children and families, address the multiple needs of families, and are statewide.**

   - **Comprehensive** programs for young children and families are defined as programs that address the multiple needs of families—including child development, family support, health and nutrition, and other social services. To be included in *Map and Track,* programs must include either comprehensive services themselves or provide systematic referrals and follow-up to insure families receive such services. State child care or child health initiatives are not included, as they do not meet these criteria for comprehensiveness, and other organizations are tracking them.*

   - **State-funded** programs are programs supported primarily with state dollars or through state-initiated public/private partnerships. They are not programs developed or supported primarily with federal dollars. States that provide funds to supplement federal programs (e.g., Head Start) beyond what is necessary to secure federal matching funds are also identified. Comprehensive programs for young children funded through Medicaid are included when the state spending on the program goes well beyond its federal Medicaid match funding (i.e., the program is primarily state funded, and only supplemented with Medicaid).

   - A focus on young children and families means that the program must directly **serve children within the age range of birth to age six.** Programs targeted explicitly to infants and toddlers (birth to age three) are distinguished from programs targeted explicitly to preschoolers (ages three to six), and programs that serve families with children from birth to age six. Comprehensive programs that do not focus specifically on early childhood (for example, school-linked services or

* For updates on state-by-state changes in child care policies and practices see the Children's Defense Fund; for monitoring of developments in child health care also see the Center for Law and Social Policy and the Center on Budget and Policy Priorities. The Electronic Policy Network (Web: http://epn.org/) provides links to these and other relevant organizations.

state-supported community-designed programs that leave the age focus up to local discretion), are identified only if they include attention to, or have the potential to address the needs of young children.

- **Statewide** indicates that the program must be available throughout the state or the initiative must be one that policymakers intend to go to scale throughout the state. When available, information on the actual number of sites and percentage of those eligible served is included. At the same time, state-funded pilot initiatives are reported because they often grow to become statewide.

2. **Systems development and community mobilization strategies that are targeted to young children and families.**

   - These initiatives **mobilize communities** to enhance resource allocation, build community leadership, encourage public-private partnerships, and create needed services to build systems of supports to enhance outcomes for young children and families.

   - The systems development and community mobilization strategies must **target young children and families.** State initiatives that focus exclusively on young children (birth to age six) are distinguished from those that focus on children of all ages but include explicit attention to young children. Other initiatives are identified that have the potential to focus on young children.

3. **State strategies that link welfare reform with comprehensive programs for young children and families.**

   - These are **explicit state strategies** reported by the state to link welfare reform with comprehensive programs for young children and families.

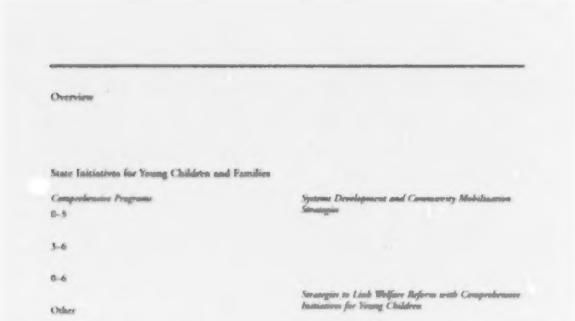
   - The strategies **deliberately connect** the kinds of comprehensive programs highlighted above with the ways in which the state is implementing welfare reform to ensure meeting the multiple needs of young children and families.

   - To be included, state efforts must ensure that welfare reform **activities focus on young children's well-being as well as on parents' transition to work.**

State child health or child care initiatives related to welfare reform implementation are not reported systematically as NCCP did not gather specific data about them, although these initiatives have critical importance. If a state has noted them, this information is included in a footnote.

Figure 4.1

Reader's Guide to the State Summaries


Overview

State Initiatives for Young Children and Families

Comprehensive Programs

0–5

3–6

0–6

Other

Systems Development and Community Mobilization Strategies

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Overview

Each state summary contains an overview statement describing state progress in starting or expanding statewide initiatives for young children and families since *Map and Track '96*.

State Initiatives for Young Children and Families

This section contains brief descriptions for each state's comprehensive programs grouped according to the age focus, systems development and community mobilization strategies, and strategies to link welfare reform implementation with programs for young children.

Symbols

$ Used for level-funded programs (those whose funding level has not changed since *Map and Track '96*).

$$ Used to indicate programs receiving increased state funding since *Map and Track '96*.

-$ Used to indicate state decreases in program funding since *Map and Track '96*.

N Used to indicate new programs added since *Map and Track '96*.

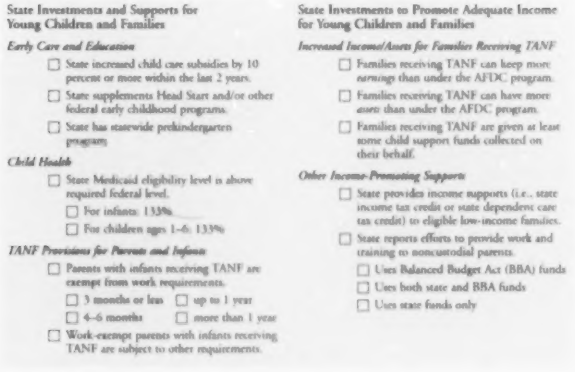
O Used to indicate ongoing programs that have continued since *Map and Track '96*

P Used to indicate pilot programs that are implemented on a small scale with temporary funding. These often become permanent, statewide programs.

* Used to report proposed initiatives or other activities on behalf of young children that do not meet our criteria.

Figure 4.2

Reader's Guide to the State Investments


State Investments and Supports for Young Children and Families

Early Care and Education

☐ State increased child care subsidies by 10 percent or more within the last 2 years.

☐ State supplements Head Start and/or other federal early childhood programs.

☐ State has statewide prekindergarten program.

Child Health

☐ State Medicaid eligibility level is above required federal level.

☐ For infants: 133%

☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

☐ Parents with infants receiving TANF are exempt from work requirements.

☐ 3 months or less ☐ up to 1 year

☐ 4–6 months ☐ more than 1 year

☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

☐ Families receiving TANF can keep more *earnings* than under the AFDC program.

☐ Families receiving TANF can have more *assets* than under the AFDC program.

☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.

☐ State reports efforts to provide work and training to noncustodial parents.

☐ Uses Balanced Budget Act (BBA) funds

☐ Uses both state and BBA funds

☐ Uses state funds only

State Investments and Supports for Young Children and Families

Information for these indicators was gathered through a survey of state program and policy officials conducted by NCCP during July and August 1997. See Appendix E for the names and telephone numbers of persons contacted. See Chapter 3 for a more detailed explanation of these indicators. All information is accurate for point-in-time as of fall 1997.

Early Care and Education

This group of indicators notes whether the state increased child care subsidies 10 percent or more within the last two years, those states that supplement Head Start and/or other federal early childhood programs, and those with a statewide prekindergarten program.

Child Health

If the state has a Medicaid eligibility level that is above the required federal eligibility level of 133 percent for infants or children age 1–6 (children ages one through their fifth birthday), it is noted in this indicator. Data are based on information provided by the Center on Budget and Policy Priorities.

*TANF Provisions for Parents and Infants**

This group of indicators notes whether the state exempts parents with infants receiving TANF from work requirements and the length of time exempt, and if work-exempt TANF recipients with infants are subject to other requirements.

Information for these indicators was gathered through a survey of state TANF officials conducted by the National Center for Children in Poverty during fall 1997. See Appendix E for the names and telephone numbers of persons contacted. See Appendix F for a glossary of terms used frequently in this book when discussing welfare changes in states.

State Investments to Promote Adequate Income for Low-Income Children and Families

Increased Income/Assets for Families Receiving TANF

If families receiving TANF can keep more earnings and/or more assets than under the AFDC program, it is noted in this group of indicators, along with whether the state has opted to give families receiving TANF who also receive child support at least some of the child support collected on their behalf.

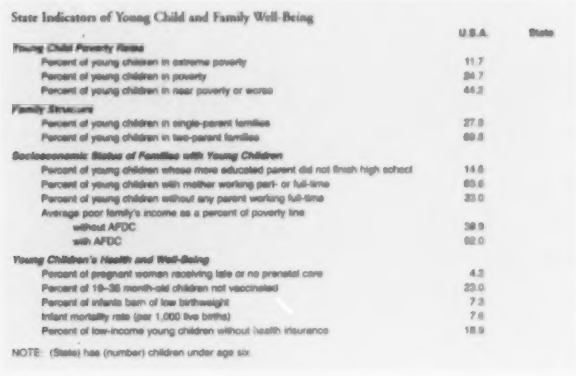
Other Income Promoting Supports

This group of indicators notes if the state provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families and reports efforts to provide work and training to noncustodial parents using Balanced Budget Act and/or state funds.

* Note: The TANF-related choices reported by the states were correct at the time they were reviewed. However, states continue to make changes in their TANF programs. To keep abreast of the changes, see the Assessing the New Federalism project of the Urban Institute on their Web site: http://new federalism.urban.org.

Figure 4.3

Reader's Guide to the State Indicators



State Indicators of Young Child and Family Well-Being

	U.S.A.	State
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	
Percent of young children in poverty	24.7	
Percent of young children in near poverty or worse	44.2	
Family Structure		
Percent of young children in single-parent families	27.9	
Percent of young children in two-parent families	69.8	
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	
Percent of young children with mother working part- or full-time	65.6	
Percent of young children without any parent working full-time	33.0	
Average poor family's income as a percent of poverty line		
without AFDC	38.9	
with AFDC	62.0	
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	
Percent of 19–35 month-old children not vaccinated	23.0	
Percent of infants born of low birthweight	7.3	
Infant mortality rate (per 1,000 live births)	7.6	
Percent of low-income young children without health insurance	18.9	

NOTE: (State) has (number) children under age six.

State Indicators of Young Child and Family Well-Being

A comparison of five-year average state and national data is presented. These indicators are based on NCCP analyses of U.S. Bureau of the Census, March Current Population Surveys, averages for 1992–1996, unless otherwise noted. See Chapter 3 for a more detailed explanation of these indicators. See Appendix B for state indicator tables of young child and family well-being. All indicators are rounded to one decimal place, except for low birthweight.

Young Child Poverty Rates

These indicators show five-year averages, 1992–1996, of the poverty status of young children within each state based on the official federal poverty line or threshold.

Extreme poverty indicates the percent of children living in families whose income is at or below 50 percent of the federal poverty line.

Poverty indicates the percent of young children living in families whose income is at or below the federal poverty line. In 1996, the official poverty threshold was $12,516 for a family of three, and $16,036 for a family of four.

Near poverty indicates the percent of young children living in families whose income is between 100 and 185 percent of the federal poverty line.

Family Structure

These indicators show the living arrangements of young children in the state, including percentages of children under age six living in single- and two-parent families, as well as those living with others or in institutions. See Appendix B, Table 3 for the percentage and number of children under age six and under age 18 in various family structures in each state, including father- and mother-only families.

Socioeconomic Status of Families with Young Children

These four indicators provide a proxy measure, by state, of the education and economic status of families with young children.

Percent of young children whose more educated parent did not finish high school illustrates the completion rates of high school and beyond for the parent of young children who has the most education. (Both single and two-parent families are included in the analysis.)

Percent of young children with mother working part- or full-time is used as a proxy for child care demand.

Percent of young children without any parent working full-time is a proxy for the economic security of young children.

Average poor family's income as a percent of poverty line shows the extent to which how benefits under the previous welfare program, AFDC, which ended in 1997, moved families closer to the poverty line. State-by-state comparable data for TANF benefits are not yet available.

Young Children's Health and Well-being

These data were gathered from official U.S. agency statistical publications or unpublished data as indicated below, except for the data on health insurance.

Percent of pregnant women receiving late or no prenatal care is based on Ventura, S. J.; Martin, J. A.; Curtin, S. C.; & Mathews, T. J. (1997). Report of final natality statistics, 1995. *Monthly Vital Statistics Report*, 45(11), Supp., p. 60, Table 34.

Percentage of 19–35 month old children not vaccinated is derived from U.S. Department of Health and Human Services, Public Health Service. (1997). Status report on the Childhood Immunization Initiative: National, state, and urban area vaccination coverage levels among children aged 19–35 months—United States, 1996. *Morbidity and Mortality Weekly Report*, 46(29), pp. 662–663, Table 3.

Percent of infants born of low birthweight refers to live births weighing less than 2,500 grams. Derived from unpublished data from the National Center for Health Statistics, Division of Vital Statistics.

Infant mortality is measured by the number of deaths of children under age one per 1,000 live births in 1995. Taken from Anderson, R. N.; Kochanek, D. D.; & Murphy, S. L. (1997). Report of final mortality statistics, 1995. *Monthly Vital Statistics Report*, 45(11), Supp. 2, pp. 71–72, Table 30.

Percent of low-income young children without health insurance is NCCP's analysis of data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997 for families with incomes up to 200 percent of the poverty line. See Appendix B, Table 6 for a comparison of the percentage of children under age six and under age 18 without health insurance in all families and in low-income families, by state, 1992–1996.

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ALABAMA

Overview

Alabama, which is one of the states that in *Map and Track '96* had no program efforts targeted exclusively to young children and families, has initiated a pilot home visiting and parent outreach project.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 *Preschool Collaboration Project* (N, P) provides educational, nutritional, and social information through home visits and parent activities to parents of at-risk preschool children (birth to age five) to improve their chances of success in school. In FY 1997, $500,000 supported pilot projects in seven out of 128 school systems in the state.

Other (no explicit 0–6 focus) Roughly one-third of the children involved in a child welfare system reform effort pursuant to litigation are six years old and younger.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

ALABAMA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Alabama
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	14.7
Percent of young children in poverty	24.7	25.9
Percent of young children in near poverty or worse	44.2	45.7
Family Structure		
Percent of young children in single-parent families	27.9	32.4
Percent of young children in two-parent families	69.8	62.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	13.8
Percent of young children with mother working part- or full-time	63.6	67.8
Percent of young children without any parent working full-time	33.0	34.9
Average poor family's income as a percent of poverty line		
without AFDC	38.9	44.1
with AFDC	52.0	47.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.8
Percent of 19–35 month-old children not vaccinated	23.0	25.0
Percent of infants born of low birthweight	7.3	9.0
Infant mortality rate (per 1,000 live births)	7.6	9.8
Percent of low-income young children without health insurance	18.9	22.9

NOTE: Alabama has 390,292 children under age six.

ALASKA

Overview

Alaska has several small program initiatives on behalf of young children and families (with some reductions in funding). Since *Map and Track '96,* it has also instituted a new community mobilization strategy with the potential to affect young children and families.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Head Start Supplement* (-$) has decreased slightly, from $6 million to $5.6 million.

0–6 *Healthy Families* (N) grants support services to prenatal women and children from age three months up to age five in six sites. The program is funded at $1 million in FY 1998, from a mix of federal Maternal and Child Health (MCH) Block Grant and state general revenue funds.

Other (no explicit 0–6 focus) *Family Resource Centers* offer family literacy, parenting groups, and other types of services to prevent child abuse; one grantee focuses specifically on infants and toddlers. The state spent $213,000 from their Children's Trust Fund to support grants to 13 sites in FY 1997.

Systems Development and Community Mobilization Strategies

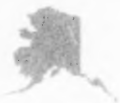
Potential Young Child Focus: The state *Children's Cabinet* and local *COMPASS* (N) initiative (COMmunity Partnerships for Access and SuccesS) support local efforts to design and implement integrated services. There is no explicit early childhood focus, but some sites choose to serve young children.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The Governor has proposed Smart Start, an integrated initiative to promote children's health care coverage, provide increased funding for prevention programs, and strengthen child protection programs. Smart Start has an initial goal of adding $11 million in state dollars to various early care and education, infant learning, family support, and specialized prevention programs (such as fetal alcohol syndrome prevention), as well as child protection efforts.

ALASKA



State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Alaska
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	3.5
Percent of young children in poverty	24.7	13.8
Percent of young children in near poverty or worse	44.2	31.7
Family Structure		
Percent of young children in single-parent families	27.9	21.7
Percent of young children in two-parent families	69.8	77.0
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	2.7
Percent of young children with mother working part- or full-time	63.6	70.4
Percent of young children without any parent working full-time	33.0	32.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	39.5
with AFDC	52.0	64.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.3
Percent of 19–35 month-old children not vaccinated	23.0	31.0
Percent of infants born of low birthweight	7.3	5.3
Infant mortality rate (per 1,000 live births)	7.6	7.7
Percent of low-income young children without health insurance	18.9	12.2

NOTE: Alaska has 63,469 children under age six.

ARIZONA

Overview

Arizona funds programs for infants and toddlers and preschoolers as well as family support programs. Since *Map and Track '96*, it has developed two new block grant programs to engage communities in program design, one focused on child health, the other on early childhood education programs. The latter incorporated and reduced funding for a preexisting prekindergarten program.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Health Start* ($) provides home visits to support and connect pregnant women and their families with community-based prenatal care, health and nutrition education, and other preventive services. Families may participate until children turn four. $1.4 million in FY 1998, supplemented by $200,000 from the federal MCH Block Grant.

County Health Block Grants (N) support county needs assessments, planning, and service delivery for pre- and perinatal services. Some counties have used the funds for services modeled on the Health Start program. The program is funded at $1.2 million in FY 1998.

3–6 *Early Childhood Block Grants* (-$/N), created in 1996–97, are available to school districts to use for any combination of preschool, full-day kindergarten, or supplemental programming for grades K–3. The block grants were funded at $19.5 million in FY 1998, roughly $9 million of which went to prekindergarten—a reduction from the $12.5 million spent on the *At-Risk Preschool Projects* in FY 1995 to serve four-year-olds in high-risk school districts (which was folded into the new Block Grants).*

The *Family Literacy Program* ($) offers adult education, early childhood education, Parent and Child Together activities, and parent education and support groups through centers in high-risk communities. It was funded at $1 million in FY 1997.

0–6 *Healthy Families Arizona* ($) offers home visits and referrals to community services to at-risk families, to foster healthy growth and development of infants and toddlers, enhance family functioning and parent-child interactions, and prevent child abuse and neglect. It was funded at $3.6 million from the legislature and the Child Abuse Prevention Fund in FY 1997, supplemented by federal funding.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The prekindergarten program's comprehensive program standards were also eliminated. Blank, H. & Adams, G. (1997). *State Developments in Child Care and Early Education, 1997*. Washington, DC: Children's Defense Fund.

ARIZONA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 140%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Arizona
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	12.9
Percent of young children in poverty	24.7	28.9
Percent of young children in near poverty or worse	44.2	53.1
Family Structure		
Percent of young children in single-parent families	27.9	30.6
Percent of young children in two-parent families	69.8	66.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	20.7
Percent of young children with mother working part- or full-time	63.6	55.3
Percent of young children without any parent working full-time	33.0	35.2
Average poor family's income as a percent of poverty line		
without AFDC	38.9	46.9
with AFDC	52.0	54.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	8.2
Percent of 19–35 month-old children not vaccinated	23.0	30.0
Percent of infants born of low birthweight	7.3	6.8
Infant mortality rate (per 1,000 live births)	7.6	7.5
Percent of low-income young children without health insurance	18.9	26.8

NOTE: Arizona has 430,433 children under age six.

ARKANSAS

Overview

Arkansas has not changed its funding level for its preschool initiative since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Arkansas Better Chance* ($) provides home- or classroom-based child development services to four- and five-year-olds. It was funded at $10 million in FY 1997.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: *Systems Reform* "laboratories" in four counties and one Little Rock neighborhood are developing strategic plans to serve children and families in a more coordinated fashion. The interagency *State Partnership Council* provides technical assistance on request and oversees their activities. There is no explicit focus on young children, though some local sites choose to focus on early childhood.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

ARKANSAS

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 200%
  - ☑ For children ages 1–6: 200%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Arkansas
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	12.2
Percent of young children in poverty	24.7	27.0
Percent of young children in near poverty or worse	44.2	56.2
Family Structure		
Percent of young children in single-parent families	27.9	25.2
Percent of young children in two-parent families	69.8	70.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	10.0
Percent of young children with mother working part- or full-time	63.6	69.0
Percent of young children without any parent working full-time	33.0	30.5
Average poor family's income as a percent of poverty line		
without AFDC	38.9	52.3
with AFDC	52.0	56.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	6.3
Percent of 19–35 month-old children not vaccinated	23.0	28.0
Percent of infants born of low birthweight	7.3	8.2
Infant mortality rate (per 1,000 live births)	7.6	8.8
Percent of low-income young children without health insurance	18.9	22.5

NOTE: Arkansas has 222,046 children under age six.

CALIFORNIA

Overview

California has modestly increased its funding for programs for young children and families since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *School-Age Parent and Infant Development Program* ($$) offers parenting classes and parent-child activities, on-site child care, counseling, and health services to pregnant and parenting teens enrolled in selected schools. It is funded at $9.4 million in FY 1997–98, an increase of $2 million since *Map and Track '96.*

3–6 *Prekindergarten Program* ($$) for low-income three- and four-year-olds. Some sites are now expanding to full-day programming, using new child care funds. Funding levels are at $121 million in FY 1997–98.

0–6 None reported.

Other (no explicit 0–6 focus) *Healthy Start* school-linked services recently expanded to 805 schools. The program was funded at $39 million in FY 1997–98, but there is no focus on young children and families.

Systems Development and Community Mobilization Strategies

None reported.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

None reported.

* California funds a state-only Food Stamp program for legal immigrant children who lost federal eligibility due to welfare reform.

CALIFORNIA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 200%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☑ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	California
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	9.7
Percent of young children in poverty	24.7	29.0
Percent of young children in near poverty or worse	44.2	48.9
Family Structure		
Percent of young children in single-parent families	27.9	27.3
Percent of young children in two-parent families	69.8	70.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	26.1
Percent of young children with mother working part- or full-time	63.6	53.8
Percent of young children without any parent working full-time	33.0	37.7
Average poor family's income as a percent of poverty line		
without AFDC	38.9	37.9
with AFDC	52.0	57.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	5.2
Percent of 19–35 month-old children not vaccinated	23.0	24.0
Percent of infants born of low birthweight	7.3	6.1
Infant mortality rate (per 1,000 live births)	7.6	6.3
Percent of low-income young children without health insurance	18.9	23.1

NOTE: California has 3,280,728 children under age six.

COLORADO

Overview

Colorado continues to make a substantial commitment to young children and families. Through both Bright Beginnings and First Impressions, high level political and business leaders come together to frame and implement an agenda for young children and families. Since *Map and Track '96*, this is reflected in the development of a new voluntary home visiting program for infants and toddlers, increased funding for existing programs for young children and families, a new effort to promote early childhood as an investment in crime prevention, a pilot program to create systems of early care and education at the community level, and a pilot early childhood mental health program.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Warm Welcome* (N) trains community volunteers to support new parents after the birth of a baby. Bright Beginnings, a statewide public-private partnership, supports local training and service delivery efforts. There is no state funding; foundations and businesses provide some support to local coordinators and trainers. The program is available in 28 counties in 1997.

3–6 *Colorado Preschool Program* ($$) serves at-risk four- and five-year-olds through local programs operated by broad-based community councils. Funding levels for 1997 were at $20 million to serve 8,500 children, up from $12 million reported in *Map and Track '96*.

0–6 *Family Centers* ($) provide children and families at risk with one-stop access to a range of comprehensive, community-based services (e.g., child care, parent education, information and referrals, emergency food and clothing, crisis counseling, immunizations, well-baby clinics, alternative activities for teens) in 21 neighborhoods. Funding levels were at $900,000 in 1997.

Youth Crime Prevention and Intervention Fund (N) makes grants to community-based organizations to prevent crime by bringing parents, neighbors, and community members together to help children and families. Local grantees may offer child care, home visits, parenting programs, and other early interventions. The program was funded at $8 million in FY 1997, at least 20 percent of which must support programs for young children (birth to age nine).

Early Childhood Mental Health Initiative (N, P) seeks to increase mental health services for children birth to age eight. The two pilot communities have chosen to fund early childhood mental health specialists, who provide consultation to early childhood teachers and work directly with children in local Head Start and child care centers. The pilot was funded at $680,000 in FY 1998 with expansion contingent on demonstrated effectiveness.

Systems Development and Community Mobilization Strategies

Young Child Focus: *First Impressions* (EC), housed in the Governor's Office, focuses public attention on the importance of the first five years of children's lives, develops new initiatives for young children and families, and works to institutionalize them in communities and state agencies. The state *Children's Cabinet* coordinates planning and programs across agencies. Broad public-private partnerships in two counties are creating comprehensive *Community Plans for Children and Families,* focusing service strategies on children from birth to age eight, with intensive technical assistance and barrier-busting from the state. In addition, recent legislation established a Consolidated Child Care Pilot Program in 12 communities; local partners may request waivers to unify Head Start, Preschool, and subsidized child care programs. Ten to 15 communities have received funds to establish Local Early Childhood Boards to promote community planning.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

None reported.

* Welfare legislation established county options to increase child care provider rates and to raise income eligibility for parents needing subsidies to purchase child care.

COLORADO

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Colorado
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.6
Percent of young children in poverty	24.7	17.2
Percent of young children in near poverty or worse	44.2	35.4
Family Structure		
Percent of young children in single-parent families	27.9	24.0
Percent of young children in two-parent families	69.8	75.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	11.1
Percent of young children with mother working part- or full-time	63.6	71.1
Percent of young children without any parent working full-time	33.0	26.5
Average poor family's income as a percent of poverty line		
without AFDC	38.9	34.4
with AFDC	52.0	48.0
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	5.1
Percent of 19–35 month-old children not vaccinated	23.0	24.0
Percent of infants born of low birthweight	7.3	8.4
Infant mortality rate (per 1,000 live births)	7.6	6.5
Percent of low-income young children without health insurance	18.9	17.0

NOTE: Colorado has 323,119 children under age six.

CONNECTICUT

Overview

Connecticut has increased funding for its preexisting programs for young children and families since *Map and Track '96*, and initiated a significant new program to develop preschool and child care for low-income young children that includes a community planning component.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Head Start Supplement* ($$) increased to $5 million in FY 1998, from $4.1 million reported in *Map and Track '96*.

School Readiness and Child Care Act (N) funds collaborative local councils to provide child care and preschool education to low-income three- and four-year-olds in school districts with demonstrated needs, with priority for children in families served by the Department of Social Services (e.g., TANF recipients). The program is funded at $20 million in FY 1998, increasing to $40 million in FY 1999.

0–6 *Family Resource Centers* ($$) offer parent education, family literacy, child care, family support, and referrals, targeting families with young children and giving priority to parents who are teens, single, low-income, or otherwise at-risk. They are funded at $4 million in FY 1998, increasing to $6 million in FY 1999.

Healthy Families Connecticut ($$) offers intensive assistance to support families at risk of child abuse or neglect with children from birth to age six. The state used $1.04 million to support eight sites in FY 1998, up from $750,000 for five sites in FY 1997.

*Systems Development and Community Mobilization Strategies**

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Connecticut has targeted families with young children receiving or at risk of receiving public assistance benefits as priority enrollees in its new School Readiness and Child Care Act.

* The Grausstein Memorial Fund's Children First Initiative has promoted community-based planning and collaboration in eight cities through planning and implementation grants. However, no state funding is involved.

CONNECTICUT

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 185%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Connecticut
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.3
Percent of young children in poverty	24.7	24.0
Percent of young children in near poverty or worse	44.2	32.6
Family Structure		
Percent of young children in single-parent families	27.9	27.9
Percent of young children in two-parent families	69.8	68.1
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	6.8
Percent of young children with mother working part- or full-time	63.6	68.6
Percent of young children without any parent working full-time	33.0	32.9
Average poor family's income as a percent of poverty line		
without AFDC	38.9	26.6
with AFDC	52.0	53.4
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.5
Percent of 19–35 month-old children not vaccinated	23.0	13.0
Percent of infants born of low birthweight	7.3	7.1
Infant mortality rate (per 1,000 live births)	7.6	7.2
Percent of low-income young children without health insurance	18.9	12.7

NOTE: Connecticut has 280,726 children under age six.

DELAWARE

Overview

Delaware supports parent education and home visiting programs for infants and toddlers and has expanded its state supplement for Head Start.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Parent Education Programs* ($$) use various curricula to serve families with children from birth to age three. (Parents as Teachers, for example, is available statewide.) The programs are funded at $1.1 million in FY 1997. Additional funds support other parent education efforts through grants-in-aid from the legislature to individual programs requesting support. A state Parent Education Partnership coordinates activities throughout the state.

3–6 *Head Start Supplement* ($$) State funding for Head Start was $2.6 million in FY 1997–98, to serve 420 children. This is an increase of $800,000 since *Map and Track '96.*

0–6 None reported.

Other (no explicit 0–6 focus) *K–3 Early Intervention* offers family crisis therapy in elementary schools; parent groups extend an explicit focus to younger siblings from birth to age six.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: The *Family Services Cabinet Council* sponsors state interagency coordination efforts and local services integration initiatives to link state agencies and community services with local schools. Some young children are served as siblings of the children in these schools.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children***

The state requires that parents of young children participate in a parenting education program in order to receive their full welfare checks (otherwise the checks are reduced).

* The Home Visiting Program offers comprehensive family assessments by home health nurses, and referrals to preventive support services to all first-time parents within 48 hours of their departure from the hospital. The program is primarily funded by Medicaid, although private insurance covers the first visit; the state covers uninsured families. Sixty-five percent of eligible families enrolled.

** Delaware has also eliminated the waiting list for subsidized child care.

DELAWARE

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☑ 4–6 months
  - ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Delaware
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	5.4
Percent of young children in poverty	24.7	15.3
Percent of young children in near poverty or worse	44.2	39.0
Family Structure		
Percent of young children in single-parent families	27.9	28.9
Percent of young children in two-parent families	69.8	67.3
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	6.2
Percent of young children with mother working part- or full-time	63.6	75.2
Percent of young children without any parent working full-time	33.0	26.1
Average poor family's income as a percent of poverty line		
without AFDC	38.9	52.1
with AFDC	52.0	58.1
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.8
Percent of 19–35 month-old children not vaccinated	23.0	20.0
Percent of infants born of low birthweight	7.3	8.4
Infant mortality rate (per 1,000 live births)	7.6	7.5
Percent of low-income young children without health insurance	18.9	19.3

NOTE: Delaware has 57,297 children under age six.

DISTRICT OF COLUMBIA

Overview

Note: The program and policy survey did not include the District of Columbia.

DISTRICT OF COLUMBIA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☐ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	D.C.
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	26.3
Percent of young children in poverty	24.7	44.2
Percent of young children in near poverty or worse	44.2	63.4
Family Structure		
Percent of young children in single-parent families	27.9	57.4
Percent of young children in two-parent families	69.8	35.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	28.7
Percent of young children with mother working part- or full-time	63.6	54.0
Percent of young children without any parent working full-time	33.0	58.0
Average poor family's income as a percent of poverty line		
without AFDC	38.9	24.2
with AFDC	52.0	50.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	14.9
Percent of 19–35 month-old children not vaccinated	23.0	22.0
Percent of infants born of low birthweight	7.3	13.4
Infant mortality rate (per 1,000 live births)	7.6	16.2
Percent of low-income young children without health insurance	18.9	14.5

NOTE: District of Columbia has 53,032 children under age six.

FLORIDA

Overview

Florida has increased its funding for programs for both infants and preschoolers since *Map and Track '96*. It also has several separate state planning initiatives including one that focuses on young children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Healthy Start* ($$) provides health and developmental screenings, parent education, case management, home visits, and service referrals to pregnant women or families with infants up to age one. Healthy Start Coalitions—county or multi-county public-private partnerships—design and monitor local service delivery systems, and advocate for maternal and infant health services. The state spent $31.8 million in FY 1997–98, supplemented by federal funds. Evaluation data indicate that participants have better low birthweight rates than comparable groups of women.*

3–6 *Prekindergarten Program* ($$) serves low-income three- and four-year-olds. It was funded at $97 million in 1997, to serve 27,000 children in all 67 school districts. *Early Childhood Collaboration Grants* support local collaborative efforts to coordinate and improve the quality of early childhood programs (e.g., child care, Head Start, prekindergarten, early intervention).

Home-based Reading Instruction Program (Parents to Kids) (N) helps socially and economically disadvantaged families with children ages 3–8 read together. The state provided $3.25 million in 1997 for this program, plus $750,000 in new annual funding to start HIPPY programs in new communities.

0–6 None reported.

Other (no explicit 0–6 focus) *Full Service Schools* provide collocated, coordinated family supportive services in all 67 school districts. The program was funded at $11 million in 1997. Some sites offer additional services to young children, usually because a local partner is concerned about early childhood issues.

Systems Development and Community Mobilization Strategies

Young Child Focus: The *State Coordinating Council for Early Childhood Services* brings together stakeholders in early care and education, health, and teen pregnancy prevention to make the early care and education system more family-centered, community-based, and locally coordinated.

Potential Young Child Focus: *TEAM Florida*, a state interagency policy, coordination, and technical assistance group, supports community efforts to improve family preservation, family support, and other services. *Community Facilitators* in all 15 service districts ensure broad participation in planning and implementation and provide feedback to the state.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children***

None reported.

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* The $46.5 million annual appropriation for Healthy Start reported in *Map and Track '96* (p. 110) included federal Medicaid funding. The figure of $31.8 million reported here for FY 1997–98 includes only state funds.

** Florida's Child Care Partnership Act offers incentives to employers by providing matching funds to pay part of the cost of child care for employees who are eligible for state-subsidized child care. During its first year, the program served about 2,000 children.

FLORIDA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Florida
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	15.3
Percent of young children in poverty	24.7	26.6
Percent of young children in near poverty or worse	44.2	49.0
Family Structure		
Percent of young children in single-parent families	27.9	34.1
Percent of young children in two-parent families	69.8	63.4
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	15.1
Percent of young children with mother working part- or full-time	63.6	63.7
Percent of young children without any parent working full-time	33.0	34.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	36.5
with AFDC	52.0	46.3
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.4
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	7.7
Infant mortality rate (per 1,000 live births)	7.6	7.5
Percent of low-income young children without health insurance	18.9	18.6

NOTE: Florida has 1,179,706 children under age six.

GEORGIA

Overview

Georgia has a rapidly expanding universal prekindergarten program, and has recently added a universal screening strategy for newborns. There is also an expanding community-based mobilization effort with an explicit focus on young children and families, that is linked to a state-level systems reform strategy.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Children First* (N) screens all newborns in the state using electronic birth certificates to identify families and infants with specific risk conditions, and provides in-home assessments, referrals to needed services, and follow-up to ensure the referrals are successful. The state spent $5 million in FY 1998.

Healthy Families ($$) offers intensive assistance to support families at risk of child abuse or neglect with children from birth to age three. A $300,000 appropriation funded 12 sites in FY 1998; $850,000 from the Children's Trust Fund supported additional sites.

Starting Points (N, P) is a pilot effort in three communities to develop a continuum of services (including Children First and Healthy Families), along with comprehensive tracking and referrals, for families with very young children. *First Steps*, another component of Starting Points, organizes volunteers to assist families informally who do not need more intensive services.

3–6 *Voluntary Prekindergarten Program* ($$) serves all four-year-olds in classrooms and home-based settings throughout the state. The program is funded at $211 million for the 1997–98 school year, to serve 60,000 children, up from $157 million reported in *Map and Track '96*. Early evaluation findings indicate high quality and parent satisfaction, especially in public school settings.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Young Child Focus: Ten *Community Partnerships* and 86 Family Connection sites have developed comprehensive local plans to coordinate services according to family and community needs, in order to achieve five designated results for children and families. Plans are to expand the Family Connection to all counties wishing to participate. The public-private state *Family Policy Council* coordinates state agencies' activities, develops a comprehensive state plan that includes goals and benchmarks, and initiates appropriate requests for waivers or changes in federal and state laws and regulations. In FY 1998, $4.7 million was available to support local planning and implementation. The Community Partnerships must achieve a core set of results that they define jointly with the Policy Council. One of the results is that children are ready for school, and most sites include a focus on early childhood issues.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

The state reports encouraging local prekindergarten sites to work with county welfare offices to provide extended day child care to families receiving assistance, using child care subsidy funds.

GEORGIA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Georgia
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	13.8
Percent of young children in poverty	24.7	23.7
Percent of young children in near poverty or worse	44.2	43.8
Family Structure		
Percent of young children in single-parent families	27.9	32.5
Percent of young children in two-parent families	69.8	63.1
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	11.0
Percent of young children with mother working part- or full-time	63.6	69.4
Percent of young children without any parent working full-time	33.0	28.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	42.1
with AFDC	52.0	48.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.2
Percent of 19–35 month-old children not vaccinated	23.0	20.0
Percent of infants born of low birthweight	7.3	8.8
Infant mortality rate (per 1,000 live births)	7.6	9.4
Percent of low-income young children without health insurance	18.9	20.3

NOTE: Georgia has 641,174 children under age six.

HAWAII

Overview

Hawaii has reduced funding for both its Healthy Start home visiting program (which is the model for many other states) and for its Head Start supplement since *Map and Track '96*. It also has developed a state and community mobilization strategy targeted to young children and families.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* The *Graduation Reality and Dual-Role Skills Program* (GRADS) ($) provides child care, job skills development, parenting education, and health promotion to teen mothers and fathers in high schools around the state. It is funded at $825,860 in FY 1998.

3–6** *Head Start Supplement* (-$) was $387,387 in FY 1998.

0–6 *Healthy Start Family Support Program* (-$) offers a home-based intervention for families with young children to enhance parent functioning, promote child development, and prevent child abuse and neglect. The program was funded at $6.1 million in FY 1998, to screen 45 percent of newborns in the state (down from $8 million and 55 percent in FY 1995).

Systems Development and Community Mobilization Strategies

Young Child Focus: The *Good Beginnings Alliance* (N, EC), a statewide public-private partnership, works to improve and coordinate services and supports for young children from birth to age six. Collaborative, community-based, public-private *Good Beginnings Councils* in each of Hawaii's four counties develop strategic plans to coordinate services for young children and families, with overall coordination and implementation assistance from the Interdepartmental Council (made up of state agency directors) and state Good Beginnings staff.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children****

None reported.

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* The Malama Na Wahine Hapai (Caring for Pregnant Women) demonstration project offers culturally competent prenatal care to minority women in rural areas, using a community-based public health model. The state is seeking to replicate the model to reach more families by partnering with private-sector funders.

** The Open Doors scholarship program enables approximately 900 high-risk three- and four-year-olds to attend full-day early care and education during the school year. Local programs are not required to offer comprehensive services, though a few do. State funding is approximately $2.7 million annually.

*** Good Beginnings partners are developing a special subsidy fund to help families transitioning from welfare to work pay for quality child care at market rates. Some families participating in welfare reform also receive on-site child care at the state's "First to Work" offices.

HAWAII

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 300%
  - ☑ For children ages 1–6: 300%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☑ 4–6 months
  - ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Hawaii
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	2.7
Percent of young children in poverty	24.7	18.3
Percent of young children in near poverty or worse	44.2	39.5
Family Structure		
Percent of young children in single-parent families	27.9	25.4
Percent of young children in two-parent families	69.8	72.0
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	6.4
Percent of young children with mother working part- or full-time	63.6	67.1
Percent of young children without any parent working full-time	33.0	34.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	43.0
with AFDC	52.0	65.5
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.6
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	7.0
Infant mortality rate (per 1,000 live births)	7.6	5.8
Percent of low-income young children without health insurance	18.9	7.4

NOTE: Hawaii has 103,648 children under age six.

IDAHO

Overview

Idaho has no statewide comprehensive early childhood programs, but continues to fund child abuse prevention programs for high-risk families.

State Initiatives for Young Children and Families

Comprehensive Programs*

0–3 None reported.

3–6 None reported.

0–6 None reported.

Other (no explicit 0–6 focus) The Idaho *Children's Trust Fund* provides grants to communities to support child abuse prevention programs for high-risk families with children of all ages. $110,000 supported three local programs in 1997.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

None reported.

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* The Early Childhood Clearinghouse offers a resource booklet to parents when they give birth in the hospital, as well as a statewide telephone referral service, both of which provide information about all public and private programs available to families with infants and toddlers from birth to age three.

** The state reports that families applying for cash assistance are automatically linked to child care support, Medicaid, Food Stamps, and other programs.

IDAHO

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 160%
  - ☑ For children ages 1–6: 160%

TANF Provisions for Parents and Infants

- ☐ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Idaho
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	7.5
Percent of young children in poverty	24.7	21.7
Percent of young children in near poverty or worse	44.2	51.5
Family Structure		
Percent of young children in single-parent families	27.9	20.5
Percent of young children in two-parent families	69.8	77.3
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	12.9
Percent of young children with mother working part- or full-time	63.6	65.5
Percent of young children without any parent working full-time	33.0	33.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	52.6
with AFDC	52.0	59.4
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.1
Percent of 19–35 month-old children not vaccinated	23.0	34.0
Percent of infants born of low birthweight	7.3	5.9
Infant mortality rate (per 1,000 live births)	7.6	6.1
Percent of low-income young children without health insurance	18.9	17.2

NOTE: Idaho has 103,016 children under age six.

ILLINOIS

Overview

Illinois' major initiative on behalf of young children is a prekindergarten program. There are also several other small program initiatives for young children. A new school-linked community mobilization effort focuses on elementary-school-aged children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Prevention Initiative* ($$) offers prenatal care and family support to at-risk families in communities with high infant mortality rates. $2.2 million in 1997 supported 16 sites.

3–6 *Prekindergarten Program* ($$) serves children ages three to five at-risk of school failure (most are four years old). It was funded at $124 million in FY 1997.

0–6 *Model Parent Training Program* ($$) offers parent education to families with children under age five, with priority for first time parents. It was funded at $4.3 million in FY 1997.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: *Project Success* (N) encourages community planning to coordinate social services at or near schools for children from kindergarten through eighth grade. A state interagency steering committee oversees and provides technical assistance to local efforts. The state made available $4 million for planning grants to 200 communities in FY 1998.*

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children***

None reported.

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* As of July 1, 1998, the state will reorganize its human service agencies into one Department of Human Services to better coordinate services for children and families.

** No links to comprehensive programs were reported, but Illinois has a new major child care initiative that combines parent copayments and available state and federal funds to serve all working families with incomes below 50 percent of the state median income.

ILLINOIS

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 200%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

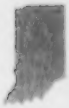
Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☑ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Illinois
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	13.6
Percent of young children in poverty	24.7	24.3
Percent of young children in near poverty or worse	44.2	40.3
Family Structure		
Percent of young children in single-parent families	27.9	30.2
Percent of young children in two-parent families	69.8	67.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	15.0
Percent of young children with mother working part- or full-time	63.6	63.2
Percent of young children without any parent working full-time	33.0	33.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	33.3
with AFDC	52.0	50.1
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.4
Percent of 19–35 month-old children not vaccinated	23.0	25.0
Percent of infants born of low birthweight	7.3	7.9
Infant mortality rate (per 1,000 live births)	7.6	9.4
Percent of low-income young children without health insurance	18.9	13.0

NOTE: Illinois has 1,120,426 children under age six.



INDIANA

Overview

Indiana is using TANF funds for the Healthy Families Indiana program. It is also building on Step Ahead, its community mobilization strategy, which requires attention to "educare," that is, education and child care, by using state funds to offer small planning grants to counties.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Healthy Families Indiana* (N, T) offers assistance with child growth and development, access to adequate health care, and parent support and education to families from the prenatal stage until children turn three. The state had $5.6 million in funding from TANF, supplemented by funds from various federal sources, supported programs in 43 counties in 1997. There are plans to expand to all 92 counties in 1998. (In the past, this program was funded only by federal and county sources.)

3–6 None reported.

0–6 None reported.

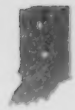
Systems Development and Community Mobilization Strategies

Young Child Focus: *Step Ahead* restructures state activities and fosters community planning to build a comprehensive, county-designed system of educare (child care and preschool services), family support, health and nutrition, and mental health services for families with children up to age 13. A state interagency council oversees planning by collaborative Step Ahead Councils in every county, offering program facilitation, regulatory relief, blended funding, joint contracts, and other technical assistance upon request. The state spent $3.5 million to support small planning grants to counties in 1997.

State Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

The state is using TANF and other federal funds for Healthy Families Indiana (See above).

INDIANA



State Investments and Supports for Young Children and Families

Early Care and Education

N/A State increased child care subsidies by 10 percent or more within the last 2 years.

☐ State supplements Head Start and/or other federal early childhood programs.

☐ State has statewide prekindergarten program.

Child Health

☑ State Medicaid eligibility level is above required federal level.

- ☑ For infants: 150%
- ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

☑ Parents with infants receiving TANF are exempt from work requirements.

- ☐ 3 months or less
- ☑ up to 1 year
- ☐ 4–6 months
- ☐ more than 1 year

☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

☑ Families receiving TANF can keep more *earnings* than under the AFDC program.

☑ Families receiving TANF can have more *assets* than under the AFDC program.

☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.

☐ State reports efforts to provide work and training to noncustodial parents.

- ☐ Uses Balanced Budget Act (BBA) funds
- ☐ Uses both state and BBA funds
- ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Indiana
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.7
Percent of young children in poverty	24.7	21.5
Percent of young children in near poverty or worse	44.2	43.3
Family Structure		
Percent of young children in single-parent families	27.9	28.0
Percent of young children in two-parent families	69.8	69.5
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	10.6
Percent of young children with mother working part- or full-time	63.6	67.3
Percent of young children without any parent working full-time	33.0	30.0
Average poor family's income as a percent of poverty line		
without AFDC	38.9	46.0
with AFDC	52.0	55.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.6
Percent of 19–35 month-old children not vaccinated	23.0	30.0
Percent of infants born of low birthweight	7.3	7.5
Infant mortality rate (per 1,000 live births)	7.6	8.4
Percent of low-income young children without health insurance	18.9	14.0

NOTE: Indiana has 549,748 children under age six.

IOWA

Overview

Iowa has increased funding for all of its ongoing programs for young children and families since *Map and Track '96.* It has added a new county-based mobilization strategy, although there is no explicit focus on young children and families.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Healthy Families Iowa* ($$) offers home visits to families to improve coping and parenting skills, in order to promote optimal child development and prevent child abuse and neglect. In 1997, $662,000 supported programs in ten counties.

Comprehensive Child Development Programs ($$) offer parent support and home visits to families with children ages birth to three in at least 12 sites. (Total funding levels are reported below.)

3–6 *Comprehensive Child Development Programs* ($$) offer comprehensive, center-based, often full-day early care and education to children ages three to five who are at-risk of academic failure. In 1997, $8.4 million supported 144 sites, some for children from birth to age three, and some for ages three to six.

0–6 *Family Resource Centers* ($, P) offer single-point access to family support and child development services to families with young children in three sites. Other school-based Youth Services Centers focus on middle and high school students. The state spent $3 million in 1997, plus additional funding from the state's Child Welfare Decategorization Program.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: *Innovation Zones* (N) in 13 counties develop annual, collaborative, comprehensive plans for integrated services and supports for all children and families, although there is no explicit early childhood focus. State agency staff provide technical assistance. The Child Welfare *Decategorization Project* convenes interagency County Boards of human service agencies, boards of supervisors, and juvenile court judges to design and fund comprehensive family service strategies to reduce the number of out-of-home placements. The state Department of Human Services provides technical assistance, and consolidates child welfare funds from various sources to pay for the local service plans.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☐ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☐ 4–6 months
  - ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Iowa
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	6.9
Percent of young children in poverty	24.7	17.1
Percent of young children in near poverty or worse	44.2	40.9
Family Structure		
Percent of young children in single-parent families	27.9	19.6
Percent of young children in two-parent families	69.8	79.7
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	7.9
Percent of young children with mother working part- or full-time	63.6	80.5
Percent of young children without any parent working full-time	33.0	21.8
Average poor family's income as a percent of poverty line		
without AFDC	38.9	45.9
with AFDC	52.0	55.4
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.4
Percent of 19–35 month-old children not vaccinated	23.0	20.0
Percent of infants born of low birthweight	7.3	6.0
Infant mortality rate (per 1,000 live births)	7.6	8.2
Percent of low-income young children without health insurance	18.9	17.9

NOTE: Iowa has 264,617 children under age six.

KANSAS

Overview

Kansas continues to fund a parenting education program for families with infants and toddlers at the same level as in *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Kansas Parenting Program* ($) offers home visits, group meetings, health and developmental screenings, and referrals to other services to all parents from pregnancy until their children turn three. The majority of participants have low incomes and infants under age one. The state allotted $2.75 million in FY 1998 to support services to 10 percent of eligible children in 209 of 305 school districts.

3–6 None reported.

0–6 None reported.

Other (no explicit 0–6 focus) Five *Family Resource Centers* provide comprehensive assessment and preventive support services to families with children up to age 21. Most focus on families with adolescents.

*Systems Development and Community Mobilization Strategies***

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

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* Healthy Start offers home visits to all pregnant or parenting women with an infant less than one year old, with priority for high-risk families, to promote well-baby care. The state spent $823,000 (primarily federal funds) to support services in 81 counties in FY 1998. In addition, the Governor has proposed $5 million in state funding to expand the federal Early Head Start program.

** Kansas has abandoned the initiatives reported in *Map and Track '96.* The Corporation for Change was abolished in 1997 and replaced by the Governor's Commission on Children, Youth and Families. Local Blueprint Councils continue as umbrella coalitions of local organizations serving children and families, but they are not implementing any particular programs or statewide policy agenda.

KANSAS

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 150%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Kansas
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	7.9
Percent of young children in poverty	24.7	20.2
Percent of young children in near poverty or worse	44.2	41.1
Family Structure		
Percent of young children in single-parent families	27.9	25.0
Percent of young children in two-parent families	69.8	73.2
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	7.5
Percent of young children with mother working part- or full-time	63.6	75.0
Percent of young children without any parent working full-time	33.0	26.0
Average poor family's income as a percent of poverty line		
without AFDC	38.9	44.4
with AFDC	52.0	57.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.7
Percent of 19–35 month-old children not vaccinated	23.0	27.0
Percent of infants born of low birthweight	7.3	6.4
Infant mortality rate (per 1,000 live births)	7.6	7.0
Percent of low-income young children without health insurance	18.9	15.1

NOTE: Kansas has 248,334 children under age six.

KENTUCKY

Overview

Kentucky has slightly increased funding for its prekindergarten program and Family Resource Centers.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Prekindergarten Program* ($$) offers comprehensive, classroom-based early care and education to four-year-olds from low-income families and to three- and four-year-olds with disabilities. In 1997, $39.2 million supported services statewide. The program has received an increase of $2 million since *Map and Track '96.*

0–6 *Family Resource Centers* ($$) offer family support to families with children from birth through elementary school. Direct services and referrals include parent and child education, health and education services for new and expectant parents, health services and referrals, literacy tutoring, and adult basic education. In 1997, $39.2 million supported both the Family Resource and the Youth Service Centers (which serve middle and high schools).

*Systems Development and Community Mobilization Strategies**

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The state Commission on Children and Families reported in *Map and Track '96* no longer exists, though several separate state interagency planning efforts address different policy issues pertaining to children and families.

KENTUCKY

State Investments and Supports for Young Children and Families

Early Care and Education

N/A State increased child care subsidies by 10 percent or more within the last 2 years.

☐ State supplements Head Start and/or other federal early childhood programs.

☑ State has statewide prekindergarten program.

Child Health

☑ State Medicaid eligibility level is above required federal level.

- ☑ For infants: 185%
- ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

☑ Parents with infants receiving TANF are exempt from work requirements.

- ☐ 3 months or less
- ☑ up to 1 year
- ☐ 4–6 months
- ☐ more than 1 year

☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

☑ Families receiving TANF can keep more *earnings* than under the AFDC program.

☑ Families receiving TANF can have more *assets* than under the AFDC program.

☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.

☑ State reports efforts to provide work and training to noncustodial parents.

- ☐ Uses Balanced Budget Act (BBA) funds
- ☐ Uses both state and BBA funds
- ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Kentucky
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	16.3
Percent of young children in poverty	24.7	29.4
Percent of young children in near poverty or worse	44.2	47.8
Family Structure		
Percent of young children in single-parent families	27.9	28.8
Percent of young children in two-parent families	69.8	69.0
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	12.2
Percent of young children with mother working part- or full-time	63.6	66.3
Percent of young children without any parent working full-time	33.0	33.9
Average poor family's income as a percent of poverty line		
without AFDC	38.9	41.7
with AFDC	52.0	50.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.9
Percent of 19–35 month-old children not vaccinated	23.0	24.0
Percent of infants born of low birthweight	7.3	7.6
Infant mortality rate (per 1,000 live births)	7.6	7.6
Percent of low-income young children without health insurance	18.9	20.0

NOTE: Kentucky has 306,544 children under age six.

LOUISIANA

Overview

Louisiana has not changed the funding level for its program for preschool-aged children since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Model Early Childhood Program* ($) serves at-risk preschoolers. The program was funded at $3.25 million in FY 1997. Although most programs are full-day, comprehensive services are not required. Funding has been level since 1991.

0–6

Other (no explicit 0–6 focus) The *Children's Trust Fund* funds community-based support services for children and families (e.g., parent education and support, home and/or hospital visits, public awareness, and family resource centers). There is no exclusive early childhood focus, but many local programs do serve young children.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus*

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The state interagency Children's Cabinet, recently reenacted and reorganized by the legislature, coordinates policy, planning, and budgeting for various programs for children and families. (There is no explicit early childhood focus and no community mobilization component).

LOUISIANA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Louisiana
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	24.3
Percent of young children in poverty	24.7	40.6
Percent of young children in near poverty or worse	44.2	55.3
Family Structure		
Percent of young children in single-parent families	27.9	38.9
Percent of young children in two-parent families	69.8	57.1
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	22.3
Percent of young children with mother working part- or full-time	63.6	55.5
Percent of young children without any parent working full-time	33.0	47.3
Average poor family's income as a percent of poverty line		
without AFDC	38.9	38.6
with AFDC	52.0	44.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.0
Percent of 19–35 month-old children not vaccinated	23.0	21.0
Percent of infants born of low birthweight	7.3	9.7
Infant mortality rate (per 1,000 live births)	7.6	9.8
Percent of low-income young children without health insurance	18.9	22.7

NOTE: Louisiana has 389,800 children under age six.

MAINE

Overview

Maine continues to fund the initiatives for young children and families reported in *Map and Track '96* at the same level, has seeded a new pilot program for infants and toddlers, and has started a community mobilization strategy focused on all children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Healthy Start/Healthy Families* (N, P) offers home visits by nurses, social workers, and paraprofessionals to families of newborns, to decrease child abuse and neglect. In 1997, $600,000 supported services in six sites and an evaluation.

3–6 *Head Start Supplement* ($) was $2.3 million in 1997.

Prekindergarten ($) services for four- and five-year-olds are available in 25 or 30 sites. The state spent $247,380 in FY 1997, supplemented by local funds.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: The *Communities for Children Initiative* (N) seeks to develop a seamless, preventive, community-based service system for children and families. (There is no explicit early childhood focus.) Thirty collaborative *Community Leadership Councils* define local priorities and assess risks and resources, supported by small planning grants from the state. The state interagency Children's Cabinet helps identify service approaches and outside funding sources, and may re-allocate state resources to address local priorities.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

MAINE

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Maine
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	9.4
Percent of young children in poverty	24.7	22.4
Percent of young children in near poverty or worse	44.2	40.9
Family Structure		
Percent of young children in single-parent families	27.9	25.2
Percent of young children in two-parent families	69.8	74.4
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	9.7
Percent of young children with mother working part- or full-time	63.6	74.4
Percent of young children without any parent working full-time	33.0	33.0
Average poor family's income as a percent of poverty line		
without AFDC	38.9	39.8
with AFDC	52.0	53.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	1.7
Percent of 19–35 month-old children not vaccinated	23.0	15.0
Percent of infants born of low birthweight	7.3	6.1
Infant mortality rate (per 1,000 live births)	7.6	6.5
Percent of low-income young children without health [illegible]nce	18.9	11.0

NOTE: Maine has 87,170 children under age six.

MARYLAND

Overview

Maryland has increased funding for its program initiatives for young children and families and expanded its system reform effort to focus on preventive, comprehensive, community-based strategies that include a focus on young children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Family Support Centers* ($$) offer drop-in, preventive family support services to assist parents with children from birth to age three in neighborhoods with high concentrations of teen pregnancy, poverty, low-birthweight babies, school dropouts, child abuse, and unemployment. Services provided include parenting skills, outreach, peer support, recreational activities, developmental child care for children up to age three, infant and child activities to stimulate healthy development, employability and literacy opportunities, health education, and referrals to other services. State agencies are working to link the Centers with other services for families with young children, such as Early Head Start. The program is funded at $5.4 million in FY 1998, up from $3.8 million reported in *Map and Track '96*. An evaluation is under way.

3–6 *Extended Elementary Education Program* ($$) offers child development and parenting education in 2[illegible] sites in low-income school districts. The program is funded at $14.9 million in FY 1998.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Young Child Focus: The statewide *Ready at Five Partnership* works to ensure that all young children in Maryland enter school ready to learn. It recently produced and distributed a community decision-making manual that compiles major research findings on early childhood care and education issues. *Local Interagency Early Childhood Committee Grants* provide incentive grants to local jurisdictions to support collaborative strategies that address early childhood program and service needs. In FY 1998 funding was $150,000.

Potential Young Child Focus: The *Systems Reform Initiative* recently expanded its focus from reducing the number of out-of-home placements to developing comprehensive, preventive, community-based strategies for supporting families. The state *Subcabinet for Children, Youth and Families* oversees collaborative county planning by *Local Management Boards* (LMB) (N), which must achieve designated outcomes for children and families, including some related to young children (e.g., school readiness). The state plans to provide technical assistance and education to the LMBs stressing the importance of focusing on young children, and encouraging them to reach out to early childhood service providers and professionals in the community as potential new LMB members. There is no explicit connection with existing programs for young children and families in the state, and while some boards have leaders from the early childhood community on them, others do not. Local Management Boards may redirect funds they save by avoiding out-of-home placements toward early intervention and prevention programs.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* Maryland Healthy Start offers case management and home visiting services to high-risk, low-income pregnant women and their families through Medicaid.

MARYLAND

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 185%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Maryland
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	9.1
Percent of young children in poverty	24.7	18.6
Percent of young children in near poverty or worse	44.2	35.2
Family Structure		
Percent of young children in single-parent families	27.9	22.7
Percent of young children in two-parent families	69.8	74.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	12.3
Percent of young children with mother working part- or full-time	63.6	68.1
Percent of young children without any parent working full-time	33.0	29.8
Average poor family's income as a percent of poverty line		
without AFDC	38.9	41.6
with AFDC	52.0	52.4
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.0
Percent of 19–35 month-old children not vaccinated	23.0	22.0
Percent of infants born of low birthweight	7.3	8.5
Infant mortality rate (per 1,000 live births)	7.6	8.9
Percent of low-income young children without health insurance	18.9	16.5

NOTE: Maryland has 508,369 children under age six.

MASSACHUSETTS

Overview

Massachusetts has increased funding for its programs for infants and toddlers and preschool-aged children since *Map and Track '96*. Although there is no explicit community mobilization strategy, the programs for preschool-aged children require community involvement.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *The Family Network* ($$) offers locally designed, family-centered services, including parenting education, literacy, home visits, parent support groups, play groups, and links to social and health services for infants and toddlers. In FY 1998, $3.4 million supported 18 sites that served over 25 percent of the towns in the state. State-level collaboration is underway to coordinate guidelines and goals for service providers across different state-funded, community-based programs.

FIRST Link is a statewide computerized program that screens all newborns for health and developmental risks and links infants and families with identified risks to support resources in their own communities. A continuum of comprehensive, preventive, culturally competent, voluntary home visiting services and referrals is available to families with infants and toddlers. Programs include:

- *Healthy Families* (N), which began midway through FY 1998, offers home visits and parenting education to all first-time teen parents in the state, beginning during pregnancy and continuing until children turn three. It was funded at $4.3 million in FY 1998, increasing to $7 million in FY 1999. A comprehensive evaluation is planned.
- *FIRST Steps* ($) offers more intensive home visits and care coordination efforts for other pregnant women and infants in 16 high-risk communities who are particularly vulnerable to poor health outcomes, developmental delays, or child abuse and neglect. It was funded at $1.5 million in FY 1998, supplemented by $300,000 in federal funding.
- *Healthy Start* ($) provides prenatal and post-partum care (for 60 days post-partum) to 2,200 low-income women who are ineligible for Medicaid or otherwise under insured. State funding was $6.5 million in fiscal year 1998.

3–6 *Community Partnerships for Children* ($$) offer comprehensive (often full-day and full-year) early care and education to 15,300 three- and four-year-olds from low-income working families. The state funds local partnerships of child care providers, Head Start programs, and schools to develop and implement joint plans to improve and coordinate education, health, social, and family support services for families with young children. Providers must seek accreditation by the National Academy of Early Childhood Programs. The program is funded at $60 million in 1998, an increase of $36 million since *Map and Track '96*.

Head Start Supplement ($$) was $6.8 million in FY 1997.

0–6 None reported.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The Bright Futures Campaign is a public-private partnership working to improve utilization of children's health services. Activities include distributing "Growing Up Healthy: The Child Health Diary" to all families with newborns.

MASSACHUSETTS

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☐ 4–6 months
  - ☑ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☑ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Massachusetts
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	7.9
Percent of young children in poverty	24.7	16.6
Percent of young children in near poverty or worse	44.2	29.9
Family Structure		
Percent of young children in single-parent families	27.9	25.9
Percent of young children in two-parent families	69.8	73.2
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.5	8.9
Percent of young children with mother working part- or full-time	63.6	67.9
Percent of young children without any parent working full-time	33.0	28.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	24.1
with AFDC	52.0	48.0
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	1.9
Percent of 19–35 month-old children not vaccinated	23.0	14.0
Percent of infants born of low birthweight	7.3	6.3
Infant mortality rate (per 1,000 live births)	7.6	5.2
Percent of low-income young children without health insurance	18.9	13.7

NOTE: Massachusetts has 507, 916 children under age six.

MICHIGAN

Overview

Michigan has level funded its early childhood mental health programs, increased funding for its preschool program, and added a new home visiting program for infants and toddlers since *Map and Track '96.* Its systems reform/community mobilization initiative includes goals related to early childhood.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Infant Mental Health Services* ($) offers relationship-focused home visits, anticipatory guidance, support, service coordination and other interventions, including parent-infant psychotherapy, to families with infants at risk of developing mental health problems. It was funded at $3 million in 1997, supplemented by Medicaid. Services will be included under managed care.

Zero to Three Services (N) funds home-visiting services based on Hawaii's Healthy Families model through competitive grants to communities. It was funded at $2 million in 1997–98.

3–6: *Prekindergarten School Readiness Program* ($$) provides classroom- or home-based services to at-risk four-year-olds. In 1998, $67 million supported services for 22,000 children. First-year results from a longitudinal evaluation indicate that children in the program entered kindergarten more ready to learn and more advanced in their development than similar children who did not attend a preschool program.

Child Expulsion Pilots (N, P) provide one-time grants to six community mental health service programs to build community training and services for children expelled, or at risk of expulsion, from Head Start or child care settings.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: Under the *System Reform Initiative,* Pulling It Together with Michigan Families, directors of human services agencies in all 83 counties have formed Multi-Purpose Collaborative Bodies with other stakeholders to devise new ways to improve outcomes for children and families. Almost all have a work group focused on early childhood service planning and development, and some have begun to assess how to organize a community system of care for young children and their families.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* Maternal Support Services and Infant Support Services offer home visits and parenting education to at-risk pregnant women and young mothers. The program is funded almost entirely out of Medicaid except for a few special, ineligible populations that the state covers. State-only funds totaled $835,000 in FY 1996. NCCP classified this as primarily state-funded in *Map and Track '96;* we apologize for the error.

MICHIGAN

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 150%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Michigan
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	14.6
Percent of young children in poverty	24.7	25.7
Percent of young children in near poverty or worse	44.2	41.8
Family Structure		
Percent of young children in single-parent families	27.9	29.6
Percent of young children in two-parent families	69.8	67.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	11.6
Percent of young children with mother working part- or full-time	63.6	64.4
Percent of young children without any parent working full-time	33.0	37.7
Average poor family's income as a percent of poverty line		
without AFDC	38.9	30.6
with AFDC	52.0	49.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.3
Percent of 19–35 month-old children not vaccinated	23.0	26.0
Percent of infants born of low birthweight	7.3	7.7
Infant mortality rate (per 1,000 live births)	7.6	8.3
Percent of low-income young children without health insurance	18.9	10.8

NOTE: Michigan has 876,795 children under age six.

MINNESOTA

Overview

Minnesota has increased funding for its ongoing programs since *Map and Track '96* and added four new programs for infants and toddlers. It has a community mobilization initiative focused on children of all ages, with specific goals related to young children and families.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Early Childhood Family Education (ECFE) Infant Development Grants* (N, P) are a one-time appropriation of $2 million to increase parenting education and family support services to families with infants through the existing ECFE programs for all families with children birth to age four. Grantees train parents to stimulate and nurture their infants' development.

At-Home Infant Child Care Program (N) offers time-limited cash assistance on a sliding fee for up to 12 months to parents who personally care full time for their children under age one. Beginning July 1998, it is available on a first-come, first-served basis to families who earn up to 75 percent of the state median income and are eligible for subsidized child care assistance.

Early Head Start Supplement (N)—see below.

Healthy Beginnings (N, P) offers assessments, home visits, and referrals to supportive services to all families at the time of birth, through local, community-based collaboratives. For first-year planning, $148,000 is allocated in FY 1998; for two demonstration sites in FY 1999, $870,000. Expansion will depend on lessons from the demonstration sites. Local sites must find ongoing funding; home visits will be financed by private insurance and Medicaid.

3–6 *Head Start Supplement* ($$) was $18.75 million in FY 1997–98, to serve 45 percent of those eligible. Of the total, $1 million is for yearly grants to local Head Start agencies for infant and toddler full-year programming.

Learning Readiness ($$) supports flexible child development programming for three-and-a-half- and four-year-olds to ensure children enter school ready to learn. School districts and community partners identify service gaps and create new services. Children screened for greatest need receive priority for comprehensive services. In FY 1997–98, $10.3 million supported services to 41 percent of eligible families in 87 counties, or 341 of 355 school districts.

0–6 *Early Childhood and Family Education* ($$) offers parenting education groups, play and learning for children, parent-child activities, family events, home visits, health and developmental screenings, information on community resources, and books, toys, and other learning materials to families with children from birth to age four. In FY 1997–98, $35 million supported services to 40 percent of eligible families in all counties (350 school districts).

Targeted Home Visiting Program (-$) provides more intensive services to families identified through the Healthy Beginnings program (see above). Families at risk of child abuse or neglect receive risk assessments, home visits, and referrals to needed services from the prenatal stage until children turn five. In FY 1997, $591,000 supported 17 local sites serving approximately 400 families. Local sites must identify ongoing funding sources as state support is phasing out.

Systems Development and Community Mobilization Strategies

Young Child Focus: *Family Services Collaboratives* assess local needs and plan and implement comprehensive family-support service initiatives, with specific provisions for pregnant women and young children. The state interagency *Children's Cabinet* develops policies to meet the state's benchmarks related to children, and submits an integrated Children's Budget to the legislature. An *Interagency Policy Group* coordinates state activities to support local efforts to improve systems for children and families. In 1997–99, $14.5 million supported planning and direct services in 51 counties; activities are accessible to 90 percent of eligible children. In 1996, Minnesota moved all early care and education programs into the new Department of Children, Families, and Learning, to facilitate the development of a new vision of a coordinated system of services for families and children.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

MINNESOTA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 275%
  - ☑ For children ages 1–6: 275%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Minnesota
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	4.6
Percent of young children in poverty	24.7	17.2
Percent of young children in near poverty or worse	44.2	36.6
Family Structure		
Percent of young children in single-parent families	27.9	25.2
Percent of young children in two-parent families	69.8	74.5
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	5.7
Percent of young children with mother working part- or full-time	63.6	78.1
Percent of young children without any parent working full-time	33.0	21.7
Average poor family's income as a percent of poverty line		
without AFDC	38.9	37.3
with AFDC	52.0	59.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.0
Percent of 19–35 month-old children not vaccinated	23.0	17.0
Percent of infants born of low birthweight	7.3	5.9
Infant mortality rate (per 1,000 live births)	7.6	6.7
Percent of low-income young children without health insurance	18.9	11.8

NOTE: Minnesota has 396,345 children under age six.

MISSISSIPPI

Overview

Mississippi has not changed the funding level for its pilot program for infant and toddler mental health since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Early Childhood Mental Health Program* ($, P) offers targeted crisis intervention and prevention to families with infants and toddlers in four community-based sites. One site offers a parent-child development program with early intervention services. The pilot is funded at approximately $100,000 in FY 1997. In addition, the state Interagency Coordinating Council for Children's Mental Health includes an Infant/Toddler Coordinating Group with representatives from various state departments.

3–6 None reported.

0–6 None reported.

Other (no explicit 0–6 focus) *The Children's Trust Fund* provides services to parents of children from birth to age 18, including developmental screening and stimulation for infants and toddlers, home visits, parental support and education, public awareness about child abuse and neglect, education on the reduction of family violence, positive parenting and discipline skills, and other assistance for families at risk of child abuse or neglect. In FY 1998, $100,000 supported six local programs.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

MISSISSIPPI

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☑ up to 1 year
  - ☐ 4–6 months
  - ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☐ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Mississippi
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	23.1
Percent of young children in poverty	24.7	35.5
Percent of young children in near poverty or worse	44.2	61.5
Family Structure		
Percent of young children in single-parent families	27.9	42.4
Percent of young children in two-parent families	69.8	52.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	16.3
Percent of young children with mother working part- or full-time	63.6	62.1
Percent of young children without any parent working full-time	33.0	43.1
Average poor family's income as a percent of poverty line		
without AFDC	38.9	36.2
with AFDC	52.0	41.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.8
Percent of 19–35 month-old children not vaccinated	23.0	21.0
Percent of infants born of low birthweight	7.3	9.8
Infant mortality rate (per 1,000 live births)	7.6	10.5
Percent of low-income young children without health insurance	18.9	16.6

NOTE: Mississippi has 243,200 children under age six.

MISSOURI

Overview

Missouri has increased funding for its family support program for families with young children, which has become a national model. It has also expanded its community mobilization strategy which is focused on all children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 *Parents as Teachers* ($$) offers developmental screenings to children, parenting education, and referrals to needed services to all families with children from birth to age five. Specialized approaches have been developed to serve low-income families. The program was funded at $26 million in FY 1998. Missouri's program has become a national model, disseminated by the Parents as Teachers national office.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus* The state *Family Investment Trust,* regional *Community Partnerships,* and local *Caring Communities* sites are interagency collaboratives that plan and implement flexible, integrated service strategies to strengthen families, help parents find and maintain employment, prepare young children to enter school, and keep children and families safe and healthy. Funding for school-linked services in the Caring Communities sites comes from federal and state sources.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children***

None reported.

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* The Governor's Commission on Early Childhood Care and Education issued a report in 1998 calling for state funding for early care and education, which the Community Partnerships will also be invited to assist in planning and implementing. In addition, the Early Childhood Interagency Team brings mid-level deputies together from various state agencies to coordinate policies and operations on behalf of young children and families. The "Show Me Results" Task Force is another interagency effort working to support children's growth and development in three areas: health, education, and parenting interactions.

** The state has invited some of Community Partnerships to work closely with the state to plan and implement welfare reform.

MISSOURI

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

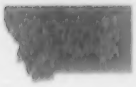
Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Missouri
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	11.1
Percent of young children in poverty	24.7	23.9
Percent of young children in near poverty or worse	44.2	50.5
Family Structure		
Percent of young children in single-parent families	27.9	31.7
Percent of young children in two-parent families	69.8	64.8
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	10.0
Percent of young children with mother working part- or full-time	63.6	74.7
Percent of young children without any parent working full-time	33.0	34.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	43.3
with AFDC	52.0	51.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.0
Percent of 19–35 month-old children not vaccinated	23.0	26.0
Percent of infants born of low birthweight	7.3	7.6
Infant mortality rate (per 1,000 live births)	7.6	7.4
Percent of low-income young children without health insurance	18.9	15.0

NOTE: Missouri has 426,772 children under age six.



MONTANA

Overview

Montana has started a small home visiting program since *Map and Track '96,* and continued its special child abuse prevention program for young children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 *Partnership to Strengthen Families* ($$) is an interagency effort to prevent child abuse in families with children from birth to age six. The state spent $1.4 million in FY 1998 to support services in 19 high-risk communities.

Home Visits (N) by County Health Departments are available to at-risk parents with children from birth to age five who are identified through a universal screening process of all hospital births. Families in need receive case management funded by Medicaid (or by the state appropriation, for families ineligible for Medicaid). The program was funded at $100,000 in 1997.

Other (no explicit 0–6 focus)

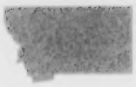
Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

MONTANA



State Investments and Supports for Young Children and Families

Early Care and Education

N/A State increased child care subsidies by 10 percent or more within the last 2 years.

☐ State supplements Head Start and/or other federal early childhood programs.

☐ State has statewide prekindergarten program.

Child Health

☐ State Medicaid eligibility level is above required federal level.

- ☐ For infants: 133%
- ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

☑ Parents with infants receiving TANF are exempt from work requirements.

- ☐ 3 months or less ☑ up to 1 year
- ☐ 4–6 months ☐ more than 1 year

☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

☑ Families receiving TANF can keep more *earnings* than under the AFDC program.

☑ Families receiving TANF can have more *assets* than under the AFDC program.

☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.

☑ State reports efforts to provide work and training to noncustodial parents.

- ☐ Uses Balanced Budget Act (BBA) funds
- ☑ Uses both state and BBA funds
- ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Montana
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	10.1
Percent of young children in poverty	24.7	25.9
Percent of young children in near poverty or worse	44.2	52.0
Family Structure		
Percent of young children in single-parent families	27.9	23.6
Percent of young children in two-parent families	69.8	75.2
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	10.2
Percent of young children with mother working part- or full-time	63.6	72.8
Percent of young children without any parent working full-time	33.0	31.9
Average poor family's income as a percent of poverty line		
without AFDC	38.9	46.0
with AFDC	52.0	56.1
Young Children's Health and Well-being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.5
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	5.8
Infant mortality rate (per 1,000 live births)	7.6	7.0
Percent of low-income young children without health insurance	18.9	12.2

NOTE: Montana has 77,160 children under age six.

NEBRASKA

Overview

Nebraska funds a small program of early childhood projects, and provides technical assistance to a community mobilization strategy targeted to young children and families.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 The *Early Childhood Project* ($, P) funds school districts and community partners (including Head Start) to establish early childhood programs that meet identified community needs related to child development and parent education. State funds support up to 50 percent of local program budgets. In FY 1997–98, $500,000 supported ten projects.

Systems Development and Community Mobilization Strategies

Young Child Focus: *Good Beginnings* (EC) helps community partners collaborate to improve the delivery of health, education, and social services to children from birth to age six and their families, to promote child health, enhance parenting skills, improve children's readiness for school, and reduce child abuse and neglect. The state offers technical assistance and resources (e.g., parent education materials) to communities.

Potential Young Child Focus: The new *Health and Human Services System*, overseen by the state interagency *Children and Family Council*, consolidates the operations of five state agencies and is promoting the development of community networks that work to achieve improved outcomes for children and families through comprehensive local planning and changing or merging local programs. The state reported no explicit links with Good Beginnings.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

None reported.

* Nebraska has never had a waiting list for subsidized child care, and recently increased eligibility for child care subsidies to 185 percent of poverty, without time limits.

NEBRASKA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 150%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Nebraska
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.8
Percent of young children in poverty	24.7	18.7
Percent of young children in near poverty or worse	44.2	35.7
Family Structure		
Percent of young children in single-parent families	27.9	22.2
Percent of young children in two-parent families	69.8	76.1
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	4.4
Percent of young children with mother working part- or full-time	63.6	75.2
Percent of young children without any parent working full-time	33.0	20.1
Average poor family's income as a percent of poverty line		
without AFDC	38.9	43.6
with AFDC	52.0	54.7
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.9
Percent of 19–35 month-old children not vaccinated	23.0	20.0
Percent of infants born of low birthweight	7.3	6.3
Infant mortality rate (per 1,000 live births)	7.6	7.4
Percent of low-income young children without health insurance	18.9	9.5

NOTE: Nebraska has 157,568 children under age six.

NEVADA

Overview

Nevada has initiated two new programs since *Map and Track '96;* one focused on literacy, one offering home visits. It has also increased funding for its program to meet the developmental and mental health needs of young children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Family to Family Connection* (N) offers voluntary home visits to all parents with infants from birth to age one through 13 Infant Support Districts, in order to enhance child growth and development; additional resources include neighborhood New Baby Centers and resource lending centers. It is funded at $9.3 million during the 1997–98 fiscal biennium. Services begin in 1998, and will reach approximately 50 percent of live births once fully implemented.

3–6 None reported.

0–6 *Early Childhood Services Program* ($$) provides integrated, family supportive mental health and developmental services from several agencies to families with children from birth to age six who have developmental, behavioral, and emotional needs. Services vary depending on families' needs. Funding is approximately $2 million during the 1997–98 fiscal biennium, over half of which came from the state (the remainder was federal), complemented by federal and state funding for related services, such as Part H Early Intervention.

Even Start Family Literacy Supplement (N) Even Start offers home-based literacy services for parents of children ages birth to eight, without regard to income. The program was funded at $1.8 million for 1997–98.

Other (no explicit 0–6 focus) Community-based *Family Resource Centers* serve 21 neighborhoods, with an additional 21 opening during the 1998–99 biennium. Some Centers focus on young children in response to local priorities, but the state does not require them to. The program was funded at $2.8 million during the 1997–98 fiscal biennium.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The state also offers Baby Your Baby, a statewide public information and referral campaign to encourage pregnant women to use prenatal care early and continuously, in order to decrease the rate of infant mortality. Women who are pregnant or thinking about getting pregnant are encouraged to call the 800 number. Callers are referred to a health care provider in the Baby Your Baby prenatal care network, whose services are funded through Medicaid. The state is currently developing a similar effort to encourage the use of pediatric health care services.

NEVADA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Nevada
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	9.4
Percent of young children in poverty	24.7	16.6
Percent of young children in near poverty or worse	44.2	38.2
Family Structure		
Percent of young children in single-parent families	27.9	25.4
Percent of young children in two-parent families	69.8	72.4
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	17.0
Percent of young children with mother working part- or full-time	63.6	64.1
Percent of young children without any parent working full-time	33.0	31.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	35.7
with AFDC	52.0	43.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	7.9
Percent of 19–35 month-old children not vaccinated	23.0	30.0
Percent of infants born of low birthweight	7.3	7.4
Infant mortality rate (per 1,000 live births)	7.6	5.7
Percent of low-income young children without health insurance	18.9	32.4

NOTE: Nevada has 125,914 children under age six.

NEW HAMPSHIRE

Overview

New Hampshire has funded a new pilot home visiting program with TANF and other federal dollars, increased one ongoing program for young children and families, and decreased another since *Map and Track '96*.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Home Visiting* (N, P, T) serves women receiving or at risk of receiving public assistance who are pregnant or have children up to age two, in order to improve birth outcomes, improve child health and safety, and help families achieve life goals such as education and work. The program was funded at $117,000 in state TANF funds, along with funds from the federal MCH block grant, to support services in three communities in 1997.

3–6 *Head Start Supplement* ($$) increased to $300,000 in FY 1997.

0–6 *Family Resource and Support Program* (-$) offers home visits by social workers, preventive child care, and other stabilizing and supportive services for families with children up to age 12 who are at risk of child abuse or neglect. State funding was recently cut considerably. The state contributed $30,000 in FY 1997, along with $600,000 in federal funds.

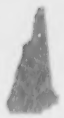
Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

The state is using state TANF and other federal dollars to pilot a small home-visiting program for women receiving or at risk of receiving public assistance who are pregnant or have children up to age two. (See above).

NEW HAMPSHIRE



State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 185%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☐ 4–6 months
  - ☑ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	New Hampshire
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	6.1
Percent of young children in poverty	24.7	11.9
Percent of young children in near poverty or worse	44.2	30.0
Family Structure		
Percent of young children in single-parent families	27.9	19.6
Percent of young children in two-parent families	69.8	79.5
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	6.5
Percent of young children with mother working part- or full-time	63.6	76.0
Percent of young children without any parent working full-time	33.0	34.2
Average poor family's income as a percent of poverty line		
without AFDC	38.9	36.9
with AFDC	52.0	55.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	1.8
Percent of 19–35 month-old children not vaccinated	23.0	17.0
Percent of infants born of low birthweight	7.3	5.5
Infant mortality rate (per 1,000 live births)	7.6	5.5
Percent of low-income young children without health insurance	18.9	12.1

NOTE: New Hampshire has 103,215 children under age six.

NEW JERSEY

Overview

New Jersey has created a new early childhood program linked to school districts since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Full-day kindergarten, preschool, and other early childhood programs* (N) will be available in 125 low-income school districts by the year 2002, as a result of the Early Childhood Program Aid provision in the Comprehensive Education Improvement and Financing Act, passed in 1996. It provides $288 million in annual funding (some reallocated from existing programs, some new money). School districts may use the funds for early childhood instruction, health and social services, parent involvement, transition services, and early childhood program facilities.*

Head Start Supplement ($) creates comprehensive extended-day child development services by offering supplemental funds to local programs. Program funds were estimated to be $1.3 million during FY 1997, supplemented by federal funding.

0–6 None reported.

Other (no explicit 0–6 focus) *School-Based Youth Services Program* offers comprehensive, integrated, family-centered services to at-risk children and families in secondary schools, as well as several middle and elementary schools. On-site, full-day care is available for the children of teen parents at six child care centers, along with comprehensive family support for the parents.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* During the first four years of the initiative, districts may also spend funds on "demonstrably effective programs" for children of any age, but only with prior state approval. Districts must justify how their use of funds will enable them to serve all four- and five-year-olds by the 2001–2002 school year.

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	New Jersey
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.9
Percent of young children in poverty	24.7	15.4
Percent of young children in near poverty or worse	44.2	27.7
Family Structure		
Percent of young children in single-parent families	27.9	21.8
Percent of young children in two-parent families	69.8	76.7
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	8.5
Percent of young children with mother working part- or full-time	63.6	57.6
Percent of young children without any parent working full-time	33.0	26.9
Average poor family's income as a percent of poverty line		
without AFDC	38.9	31.7
with AFDC	52.0	50.4
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.2
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	7.6
Infant mortality rate (per 1,000 live births)	7.6	6.6
Percent of low-income young children without health insurance	18.9	20.1

NOTE: New Jersey has 698,922 children under age six.

NEW MEXICO

Overview

New Mexico funds a small program targeted to teen parents of infants and toddlers.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *"Grads" Program* ($$) offers family support, parent education, child health, and child development services to teen parents and their children. The program is funded at $740,000 from various state departments in FY 1997.

Parenting Initiative offers parents of newborns a monthly newsletter on early childhood development that continues until their children turn three. A "warm line," a mentoring network, and parent training workshops help parents with parenting and child development issues, including what to look for in a child care setting. The annual newsletter budget is $35,000, about 75 percent of which comes from the state.

3–6* None reported.

0–6 None reported.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The Comprehensive Child Development Program reported in *Map and Track '96* is supported primarily by federal child care subsidies.

NEW MEXICO

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 185%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	New Mexico
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	18.3
Percent of young children in poverty	24.7	34.0
Percent of young children in near poverty or worse	44.2	58.8
Family Structure		
Percent of young children in single-parent families	27.9	34.4
Percent of young children in two-parent families	69.8	63.3
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	16.5
Percent of young children with mother working part- or full-time	63.6	61.7
Percent of young children without any parent working full-time	33.0	37.5
Average poor family's income as a percent of poverty line		
without AFDC	38.9	40.9
with AFDC	52.0	50.3
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	8.1
Percent of 19–35 month-old children not vaccinated	23.0	21.0
Percent of infants born of low birthweight	7.3	7.5
Infant mortality rate (per 1,000 live births)	7.6	6.2
Percent of low-income young children without health insurance	18.9	19.8

NOTE: New Mexico has 170,793 children under age six.

NEW YORK

Overview

New York has added a new funding stream for school districts choosing to develop prekindergarten services. It has continued its preexisting prekindergarten program at the same level of funding as in *Map and Track '96*, and supports a small parent education pilot program.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Parenting Education Grants* ($, P) support ten local parent education programs around the state. The pilot was funded at $500,000 in FY 1997.

3–6 *Prekindergarten Program* ($) offers part-day, classroom-based early care and education services to low-income three- and four-year-olds, and encourages the provision of social, health, nutrition, and parent involvement services. Year-round, extended-day services are an option in selected school districts. Funding was $50.2 million in FY 1997.

Prekindergarten services (N) for four-year-olds will soon be available in all school districts that wish to participate, following a 1997 legislative budget resolution. Districts must include parents on advisory boards for the new program, but are not obliged to abide by their recommendations. School districts may offer part-day, comprehensive services themselves, or collaborate with community-based organizations to deliver services. Allocations are $100 million for the 1999–2000 school year, $225 million for 2000–01, and $500 million for 2001–02.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: A Task Force on School/Community Collaboration created by statute includes commissioners and directors of all key state agencies who pool funds to support local collaboration. Of 14 recently funded local efforts, the majority focused on early contacts with families and transition to schools.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* For the past three years, New York has used federal dollars to support home visiting projects using the Healthy Families America model. In 1998, the state will pick up the costs of the program.

NEW YORK

State Investments and Supports for Young Children and Families

Early Care and Education

- N/A State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	New York
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	14.8
Percent of young children in poverty	24.7	28.8
Percent of young children in near poverty or worse	44.2	46.1
Family Structure		
Percent of young children in single-parent families	27.9	30.8
Percent of young children in two-parent families	69.8	66.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	16.0
Percent of young children with mother working part- or full-time	63.6	51.5
Percent of young children without any parent working full-time	33.0	37.4
Average poor family's income as a percent of poverty line		
without AFDC	38.9	30.0
with AFDC	52.0	49.1
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	5.2
Percent of 19–35 month-old children not vaccinated	23.0	21.0
Percent of infants born of low birthweight	7.3	7.6
Infant mortality rate (per 1,000 live births)	7.6	7.7
Percent of low-income young children without health insurance	18.9	14.3

NOTE: New York has 1,615,424 children under age six.

NORTH CAROLINA

Overview

North Carolina's Smart Start is a comprehensive public/private partnership that involves local communities, backed by state technical assistance, in the design and delivery of child care, parent education, health care and family support services for young children and families. Funding for Smart Start has increased substantially since *Map and Track '96*, and the initiative now involves over half the counties in the state.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 Smart Start contains specific provisions for serving infants and toddlers.

3–6 Smart Start contains specific provisions for serving preschoolers.

0-6 *Smart Start* (**$$**) provides children up to age six with a variety of locally designed services, including higher quality child care, more child care spaces, better trained child care teachers, preventive health screening, and family support services. Statewide activities enhance quality and expand service availability. Funding was $92 million in FY 1997–98, supporting local program and administrative costs in over half the counties in the state; the remaining counties receive planning funds this year. By 2000, Smart Start will serve all counties in the state.

Family Resource Centers (**$**) offer families community-based, comprehensive, culturally and socially relevant services and linkages to community resources, to help parents nurture the healthy and safe development of their children from birth to age eight. In FY 1997–98, $2 million supported 16 Centers; another 18 Centers were supported by $2 million from the federal Family Preservation and Support Program.

Systems Development and Community Mobilization Strategies

Young Child Focus: *Smart Start* (EC) county or multi-county collaboratives assess community early childhood needs and design comprehensive plans to improve and integrate services for young children and families (see "0–6" program description above for service details). The North Carolina *Partnership for Children*, a public-private corporation, sets statewide benchmarks for young children and families, makes grants to the county collaboratives, and provides state-level leadership for the initiative.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

NORTH CAROLINA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☑ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	North Carolina
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	11.9
Percent of young children in poverty	24.7	24.6
Percent of young children in near poverty or worse	44.2	44.7
Family Structure		
Percent of young children in single-parent families	27.9	28.4
Percent of young children in two-parent families	69.8	68.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	13.4
Percent of young children with mother working part- or full-time	63.6	73.2
Percent of young children without any parent working full-time	33.0	30.8
Average poor family's income as a percent of poverty line		
without AFDC	38.9	44.1
with AFDC	52.0	51.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.3
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	8.7
Infant mortality rate (per 1,000 live births)	7.6	9.2
Percent of low-income young children without health insurance	18.9	14.6

NOTE: North Carolina has 586,772 children under age six.

NORTH DAKOTA

Overview

North Dakota has no program initiatives for young children and families. This has not changed since *Map and Track '96.* It has begun a state-level interagency management and coordinating effort focused on all children that has a community mobilization component.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: Regional and tribal *Children's Services Coordinating Committees* (N) set local priorities for programming and cross-system collaboration for children and families. The state Children's Services Coordinating Committee, an interagency planning and management effort that includes the Governor's Office, the state Supreme Court, and state agencies that serve children, families, and communities, makes grants to the local Committees to support implementation of their community plans. In FY 1997, $5.4 million was allocated. While the state does not mandate a focus on young children, a number of grants go to early childhood programs because of local priorities.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

NORTH DAKOTA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☑ 4–6 months
  - ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	North Dakota
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.3
Percent of young children in poverty	24.7	17.3
Percent of young children in near poverty or worse	44.2	38.1
Family Structure		
Percent of young children in single-parent families	27.9	19.3
Percent of young children in two-parent families	69.8	79.5
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	5.7
Percent of young children with mother working part- or full-time	63.6	82.5
Percent of young children without any parent working full-time	33.0	21.9
Average poor family's income as a percent of poverty line		
without AFDC	38.9	40.2
with AFDC	52.0	52.1
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	2.3
Percent of 19–35 month-old children not vaccinated	23.0	19.0
Percent of infants born of low birthweight	7.3	5.3
Infant mortality rate (per 1,000 live births)	7.6	7.2
Percent of low-income young children without health insurance	18.9	12.6

NOTE: North Dakota has 49,905 children under age six.

OHIO

Overview

Ohio has expanded funding for an array of statewide program initiatives for young children and families since *Map and Track '96.* It has also steadily expanded its systems development and community mobilization initiative, which focuses on children of all ages, with explicit attention to young children and families.

State Initiatives for Young Children and Families

Program Development Initiatives

0–3 *Early Start* (\$\$, T) links families with infants and toddlers at risk of abuse, neglect, or developmental delays to health, education, and social services, and offers preventive services such as home visiting and parenting education, based on individualized service plans. State funding increased by \$4.3 million to \$12.3 million in the 1998–99 fiscal biennium, supplemented by \$6 million in TANF funds, to serve a total of 5,650 families. TANF-related Early Start is now in six counties with four more anticipated.

Help Me Grow (\$\$) provides wellness guides and coupon books, and operates a "help line" for pregnant women and families with young children, in order to promote preventive health care. State funding was \$650,000 in FY 1998.

3–6 *Head Start Supplement* (\$\$), combined with federal funds, serves a total of 67,750 children through part- and full-day Head Start and links with child care programs. It was funded at \$181.3 million over 1998–99 fiscal biennium.

Public Preschool Program (\$\$), in combination with Head Start, Public Preschool, and Preschool Special Education, ensures that all eligible three- and four-year-olds from families in poverty level can attend an early childhood education program. The program was funded at \$35.4 million over the 1998–99 fiscal biennium.

0–6 *School Readiness Resource Centers* (\$\$) offer school-linked health, social, and family supportive services in school districts with high failure rates. Families with children of all ages are served; those with young children are targeted with specific early childhood services (e.g., child care, parenting education, maternal and child health). County Family and Children First Councils and their partners design service plans, subject to state approval. \$10.3 million during the 1998–99 fiscal biennium supported three centers each in 21 urban school districts. Family Resource Centers in 18 other communities offer similar services in community-based settings.

Other (no explicit 0–6 focus) *Wellness Block Grants* go to County Family and Children First Councils to support locally designed efforts to prevent teen pregnancy. The state will share best practices and develop a results-based accountability system. \$28 million during the 1998–99 fiscal biennium.

Block Grant to Reduce Child Abuse and Neglect will go to the County Councils in FY 1999.

Family Stability Incentive Fund provides flexible funds to selected County Family and Children First Councils, to help them prevent out-of-home placements by serving multi-need children across systems. Counties that meet projected reductions in the number of placements receive incentive funds. \$13.4 million was allocated for this fund in 1998–99 fiscal biennium.

Systems Development and Community Mobilization Strategies

Young Child Focus: County *Family and Children First Councils* are now active in all 88 counties, and include a broad range of local citizens, including families, service providers, and public officials. Councils conduct comprehensive planning and manage specific programs for children and families. The state interagency Cabinet Council sets overall policy for children and families in the state, and directs agency resources to support the County Councils' activities. An interagency team of officials from participating agencies staffs the Cabinet Council and provides technical assistance to County Councils. The state provides partial administrative support to the County Councils (\$3.4 million over the 1998–99 fiscal biennium).

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

The state is supplementing state dollars for Early Start with TANF funds. It has included Early Start as a component of its welfare diversion program and includes participation in Early Start as meeting work requirements. Some counties are also using local TANF dollars to supplement Early Start monies.

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 150%
  - ☑ For children ages 1–6: 150%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Ohio
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	12.5
Percent of young children in poverty	24.7	23.1
Percent of young children in near poverty or worse	44.2	42.6
Family Structure		
Percent of young children in single-parent families	27.9	26.5
Percent of young children in two-parent families	69.8	70.4
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	8.9
Percent of young children with mother working part- or full-time	63.6	63.5
Percent of young children without any parent working full-time	33.0	31.2
Average poor family's income as a percent of poverty line		
without AFDC	38.9	32.4
with AFDC	52.0	48.0
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.5
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	7.6
Infant mortality rate (per 1,000 live births)	7.6	8.7
Percent of low-income young children without health insurance	18.9	15.8

NOTE: Ohio has 969,149 children under age six.

OKLAHOMA

Overview

Oklahoma funds a variety of programs for young children and families, some of which have had increases in funding since *Map and Track '96*. There is a local planning effort, but there is no focus on young children and families.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Parents as Teachers* ($$) offers monthly home visits, parent meetings, and referrals to needed services to parents of academically at-risk children from birth to age three. The state spent $2.5 million in FY 1997 to support programs in roughly 30 percent of the school districts in the state.

Children First (N) offers home visits by public health nurses to families from the prenatal stage until children turn two, to prevent child abuse. In FY 1998, the state allotted $5.3 million aimed to reach one-third of the births in the state, targeting high-risk families.

Early Head Start Supplement (N) supported by $1 million in TANF funds.

3–6 Classroom-based *prekindergarten* ($$) for Head Start-eligible four-year-olds includes parent involvement, but comprehensive services are not required. An estimated $3 million went to school districts opting to offer services in 1997.

Head Start Supplement ($$) supports Head Start expansion, as well as early intervention services to prevent juvenile crime. A state Head Start office develops joint initiatives with other state agencies for local Head Start programs to implement (e.g., EPSDT outreach and enrollment). It was funded at $3 million in FY 1998 (in addition to the Early Head Start Supplement identified above).

0–6 *Early Childhood Development and Parent Education Program* ($) offers child development and parenting information to families with children from birth to age six, to prevent child abuse and counter other risk factors. Funding was approximately $3 million in FY 1997.

The *Office of Child Abuse Prevention* ($$) funds community-based family resource programs that offer parent education and support, parent-child play groups, home visits, links to community resources, and other preventive services to families to help prevent child abuse and neglect, beginning prenatally or at birth and continuing until children turn five if necessary. In FY 1998, $2.1 million supported 25 sites.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: The state *Commission on Children and Youth's Planning and Coordination Council* encourages service providers and citizens to work together in communities to coordinate services for children and families. Thirty-five *District Planning Boards* and eight Regional Boards identify goals, five-year plans, and collaborative service strategies. The state does not require any explicit focus on young children.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Early Head Start Supplement (N) supported by $1 million in TANF funds (See above).

OKLAHOMA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 185%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

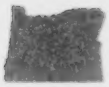
Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Oklahoma
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	18.4
Percent of young children in poverty	24.7	32.0
Percent of young children in near poverty or worse	44.2	53.4
Family Structure		
Percent of young children in single-parent families	27.9	28.2
Percent of young children in two-parent families	69.8	68.8
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	12.0
Percent of young children with mother working part- or full-time	63.6	63.4
Percent of young children without any parent working full-time	33.0	37.5
Average poor family's income as a percent of poverty line		
without AFDC	38.9	45.3
with AFDC	52.0	51.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.9
Percent of 19–35 month-old children not vaccinated	23.0	27.0
Percent of infants born of low birthweight	7.3	7.0
Infant mortality rate (per 1,000 live births)	7.6	8.3
Percent of low-income young children without health insurance	18.9	32.3

NOTE: Oklahoma has 288,395 children under age six.



OREGON

Overview

Oregon funds a variety of programs for young children and families, and has increased funding for most of these programs since *Map and Track '96*. Community planning collaboratives exist in all 36 counties, with a focus on early childhood issues. A state commission provides technical assistance and funding for staff.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Babies First* ($) offers screening assessment, health education, family support, parenting information, referrals, and follow-up case management through home visits by health nurses to families with at-risk infants. The state allotted $1 million to support services in all 36 counties during the 1997–99 fiscal biennium, supplemented by county funds, the federal MCH block grant, and Medicaid.

3–6 *Prekindergarten Program/Head Start Supplement* ($$) offers classroom-based early care and education and comprehensive support services that meet Head Start standards to preschoolers from low-income families. The state allotted $31.5 million to support expansion of services from 29 percent to 39 percent of eligible three- and four-year-olds during the 1997–99 fiscal biennium. State staff and community partners are working to unify standards and regulations across child care, Head Start, prekindergarten, and public school programs.

0–6 *Healthy Start* ($$) provides family needs assessments and voluntary home visits to all families when their first child is born, and continues to age five, in order to promote children's healthy growth and development, school readiness, and immunization, as well as to prevent child abuse and neglect. The state allotted $6.2 million to support services in 12 counties during the 1997–99 fiscal biennium.

Great Start ($$) provides flexible funds to county Commissions on Children and Families (see below) to fill gaps in services and preventive programs for families with children from birth to age six, to help achieve outcomes relating to access to services, child care and child development, health, mental health, parent education and support. The state allotted $7.7 million to support activities in all 36 counties during the 1997–99 fiscal biennium.

Children's Trust Fund ($) funds community-based programs to serve families with young children at risk of child abuse. The state allotted $390,000 to support programs in 21 counties during the 1997–99 fiscal biennium.

Together for Children ($$, P) offers parenting education, home visits, and family support services. The state allotted $575,000 to support services in three counties during the 1997–99 fiscal biennium.

Other Neighborhood-based *Family Centers*, developed by County Commissions on Children and Families or the state Department of Human Resources, offer Healthy Start or other integrated services (e.g., for welfare-to-work or child welfare) in over 65 sites. The age focus varies by community, depending on the services offered. Additional centers are under development.

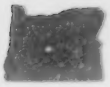
Systems Development and Community Mobilization Strategies

Young Child Focus: *Commissions on Children and Families* in all 36 counties convene local partners to develop and implement comprehensive plans for the delivery of preventive, integrated, and accessible services for children and families. A *State Commission* oversees county efforts and provides training, technical support, and staff funds to the counties. The Commissions focus on young children and families by working to achieve core outcomes (e.g., school readiness, immunizations, infant and toddler development).

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Oregon's welfare reform agency has strong linkages with programs to support the children of teen parents and families with high-risk infants. The agency is currently working to build specific recruitment links with local Head Start providers.

OREGON



State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Oregon
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.2
Percent of young children in poverty	24.7	20.1
Percent of young children in near poverty or worse	44.2	47.8
Family Structure		
Percent of young children in single-parent families	27.9	27.2
Percent of young children in two-parent families	69.8	70.4
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	12.1
Percent of young children with mother working part- or full-time	63.6	67.5
Percent of young children without any parent working full-time	33.0	36.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	42.5
with AFDC	52.0	56.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.3
Percent of 19–35 month-old children not vaccinated	23.0	30.0
Percent of infants born of low birthweight	7.3	5.5
Infant mortality rate (per 1,000 live births)	7.6	6.1
Percent of low-income young children without health insurance	18.9	18.4

NOTE: Oregon has 256,487 children under age six.

PENNSYLVANIA

Overview

Pennsylvania has reduced funding for its one program for young children and families since *Map and Track '96*. It has a community planning effort that includes attention to early childhood outcomes.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 *Family Centers* (-$) offer integrated early childhood services (subsidized child care, parent education and support for families with infants and toddlers, health and developmental screenings) and referrals for families with young children. In 1996, $2.04 million supplemented by federal funding, supported 48 community-based Centers.

Systems Development and Community Mobilization Strategies

Young Child Focus: *Family Service System Reform* supports comprehensive planning by collaborative county boards, which assess local needs, identify priorities and goals (including those for young children and families), and design integrated service strategies to address them. The state requires county collaboratives to achieve improved family outcomes, including specific early childhood outcomes (e.g., prenatal and children's health, school readiness). A state *interagency team* manages the initiative, and provides technical assistance to the local sites. In 1996, the initiative covered 47 counties (70 percent of the state). Counties receiving funds for both System Reform and Family Centers must submit joint applications for both initiatives.

Potential Young Child Focus: The *Governor's Community Partnership for Safe Children* helps local communities establish effective programs to reduce violence by and against children and youth by promoting: awareness about violence; interagency coordination; communication to improve the accessibility of preventive services; and the replication of model prevention strategies in communities. There is no explicit focus on young children.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

PENNSYLVANIA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☑ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Pennsylvania
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.6
Percent of young children in poverty	24.7	18.4
Percent of young children in near poverty or worse	44.2	35.7
Family Structure		
Percent of young children in single-parent families	27.9	24.0
Percent of young children in two-parent families	69.8	73.8
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	8.6
Percent of young children with mother working part- or full-time	63.6	62.7
Percent of young children without any parent working full-time	33.0	30.0
Average poor family's income as a percent of poverty line		
without AFDC	38.9	37.7
with AFDC	52.0	54.5
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.9
Percent of 19–35 month-old children not vaccinated	23.0	21.0
Percent of infants born of low birthweight	7.3	7.4
Infant mortality rate (per 1,000 live births)	7.6	7.8
Percent of low-income young children without health insurance	18.9	15.7

NOTE: Pennsylvania has 976,732 children under age six.

RHODE ISLAND

Overview

Rhode Island has funded three new programs, two for infants and toddlers and one for preschoolers, since *Map and Track '96*. It has also added an early childhood focus to its community mobilization strategy.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 Nine *Starting Points Family Centers* (N) offer family-centered services to families with children from birth to age three (e.g., early care and education, health services, family support, and parent education). Including the Starting Points sites, 14 school districts in the state currently have Child Opportunity Zones (COZ) Family Centers, offering school-linked comprehensive services, information and referrals, and support to families with children of all ages. An outcome-based self-evaluation model is being developed. The state received $435,000 from a mix of federal, state, and United Way funds in 1997 (each site received approximately $40,000, and had to supply a local match).

Home Visiting and Risk Response Networks (N) screen and assess all live births, offering outreach and home visits to the most at-risk families and referring those in need to other services. Families showing signs of risk who have not been referred to another program by the time their children are six months old receive more detailed assessments to identify appropriate referrals. Health Department staff visit child care centers to offer parent involvement, parenting education, and family support. A new state law mandates insurance companies to pay the screening costs for the families they cover; additional funding comes from federal programs (Title V, Part H, Medicaid).

3–6 *Head Start Supplement* ($) remained at just under $2 million in FY 1997.

0–6 *Early childhood programs* (N) for children birth to age ten and their families (e.g., preschool, before- and after-school care, parent education and support, and other comprehensive programs) were supported by an additional $3.6 million in state aid to school districts in 1997–98. Local districts design their own services in response to families' needs.

Other (no explicit 0–6 focus) The *Children's Trust Fund* makes grants to community-based collaboratives to support comprehensive services to at-risk families to prevent child abuse and neglect. The Fund does not require a focus on young children, but a number of sites do (e.g., home visits to families with children from birth to age five). Funds come from various state and federal sources.

Systems Development and Community Mobilization Strategies

Young Child Focus: The *Child Opportunity Zone (COZ) Partnership*, a statewide initiative to build community capacity to support children and families, develops neighborhood service networks and encourages family leadership in decision-making. *Community Partnerships* of schools, families, service agencies, businesses, and others assess local needs, and then plan and deliver integrated services through the COZ Family Centers to foster children's school readiness and success. The *Children's Cabinet* coordinates planning across state agencies and makes policy recommendations to promote family-centered, community-based services. The Integrated Services Initiative Steering Committee, a state-level partnership reporting to the Children's Cabinet, provides leadership, coordination, training, and technical assistance to the Community Partnerships. There is targeted planning for the Starting Points Centers.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

None reported.

* No specific links with comprehensive programs were reported, but Rhode Island has made a commitment to serve all children eligible for child care subsidies, and offers health coverage through Medicaid to children in home-based child care whose families participate in welfare reform.

RHODE ISLAND

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 250%
  - ☑ For children ages 1–6: 250%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Rhode Island
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	8.6
Percent of young children in poverty	24.7	20.4
Percent of young children in near poverty or worse	44.2	37.9
Family Structure		
Percent of young children in single-parent families	27.9	23.8
Percent of young children in two-parent families	69.8	75.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	15.6
Percent of young children with mother working part- or full-time	63.6	67.6
Percent of young children without any parent working full-time	33.0	33.8
Average poor family's income as a percent of poverty line		
without AFDC	38.9	35.0
with AFDC	52.0	54.0
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	1.3
Percent of 19–35 month-old children not vaccinated	23.0	15.0
Percent of infants born of low birthweight	7.3	6.8
Infant mortality rate (per 1,000 live births)	7.6	7.2
Percent of low-income young children without health insurance	18.9	9.3

NOTE: Rhode Island has 74,879 children under age six.

SOUTH CAROLINA

Overview

South Carolina has increased its overall funding for programs for young children and families since *Map and Track '96*, although it has reduced funding for its parent education program.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 The *Prekindergarten Program* ($$) offers classroom-based early care and education, as well as nutritious meals and occasional home visits, to at-risk four-year-olds. The state spent $21 million in FY 1997.

0–6 *Parent Education Program* (-$) offers comprehensive family support to families with children from birth to age five who are at risk of school failure. Many school districts offer home visits, family literacy, parent education, and parent support, using a program model that the state developed, called "Target 2000." Districts with experience implementing the model provide technical assistance to newer sites. It was funded at $4.6 million in 1996–97 (down from $6.8 million in 1993).*

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* The $2 million cut in funding went into the School Innovation Fund, which supplies flexible funds to school districts for any kind of activity that improves education (which may or may not focus on young children). As the time-limited state funding for family support services decreases, some school districts may use their Innovation Funds to continue parenting education services; others may not.

SOUTH CAROLINA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 150%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	South Carolina
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	13.0
Percent of young children in poverty	24.7	24.0
Percent of young children in near poverty or worse	44.2	50.7
Family Structure		
Percent of young children in single-parent families	27.9	32.7
Percent of young children in two-parent families	69.8	62.9
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	15.5
Percent of young children with mother working part- or full-time	63.6	64.1
Percent of young children without any parent working full-time	33.0	35.5
Average poor family's income as a percent of poverty line		
without AFDC	38.9	40.2
with AFDC	52.0	49.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	4.8
Percent of 19–35 month-old children not vaccinated	23.0	16.0
Percent of infants born of low birthweight	7.3	9.3
Infant mortality rate (per 1,000 live births)	7.6	9.6
Percent of low-income young children without health insurance	18.9	18.9

NOTE: South Carolina has 311,445 children under age six.

SOUTH DAKOTA

Overview

South Dakota has no state-funded initiatives for young children and families. The status has not changed since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 None reported.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

SOUTH DAKOTA

State Investments and Supports for Young Children and Families

Early Care and Education

N/A State increased child care subsidies by 10 percent or more within the last 2 years.

☐ State supplements Head Start and/or other federal early childhood programs.

☐ State has statewide prekindergarten program.

Child Health

☐ State Medicaid eligibility level is above required federal level.

- ☐ For infants: 133%
- ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

☑ Parents with infants receiving TANF are exempt from work requirements.

- ☑ 3 months or less
- ☐ up to 1 year
- ☐ 4–6 months
- ☐ more than 1 year

☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

☑ Families receiving TANF can keep more *earnings* than under the AFDC program.

☑ Families receiving TANF can have more *assets* than under the AFDC program.

☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.

☑ State reports efforts to provide work and training to noncustodial parents.

- ☐ Uses Balanced Budget Act (BBA) funds
- ☐ Uses both state and BBA funds
- ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	South Dakota
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	13.1
Percent of young children in poverty	24.7	21.9
Percent of young children in near poverty or worse	44.2	43.7
Family Structure		
Percent of young children in single-parent families	27.9	20.7
Percent of young children in two-parent families	69.8	78.1
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	8.6
Percent of young children with mother working part- or full-time	63.6	78.6
Percent of young children without any parent working full-time	33.0	19.7
Average poor family's income as a percent of poverty line		
without AFDC	38.9	39.7
with AFDC	52.0	45.5
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.6
Percent of 19–35 month-old children not vaccinated	23.0	20.0
Percent of infants born of low birthweight	7.3	5.6
Infant mortality rate (per 1,000 live births)	7.6	9.6
Percent of low-income young children without health insurance	18.9	11.5

NOTE: South Dakota has 61,295 children under age six.

TENNESSEE

Overview

Tennessee reports a limited child abuse prevention program for young children and families, and a new pilot, full-day early care and education program designed for families participating in welfare reform.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Early Childhood Education and Parent Involvement Program* (N, P) offers comprehensive, developmentally appropriate early care and education services linked to wraparound child care to create a full-day program for at-risk three- and four-year-olds and their families. The state allotted $3.1 million in FY 1998–99 to serve 600 children from families participating in welfare reform.

0–6 *Child Abuse Prevention Programs* ($$) offer primary and secondary prevention services in 21 of 95 counties (22 percent of the state). The majority of services target young children from birth to age six. The state allocated $535,000 in FY 1997–98, augmented by about $75,000 in federal funds.

Other (no explicit 0–6 focus) *Family Resource Centers* linked to schools offer parenting skills training and other family-supportive services in 79 of the state's 95 counties. Local Advisory Councils set priorities for their Centers to address, focusing primarily on families with school-age children, but including the needs of preschoolers whose siblings are in school. The state allocated approximately $2.2 million in fiscal year 1996–97, augmented by about $1.2 million in federal funds.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Families participating in welfare reform have priority for the Early Childhood Education and Parent Involvement Program (see above) in communities where space is available.

TENNESSEE

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 400%
  - ☑ For children ages 1–6: 400%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☑ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Tennessee
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	14.9
Percent of young children in poverty	24.7	27.8
Percent of young children in near poverty or worse	44.2	54.2
Family Structure		
Percent of young children in single-parent families	27.9	31.2
Percent of young children in two-parent families	69.8	66.4
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	16.6
Percent of young children with mother working part- or full-time	63.6	65.9
Percent of young children without any parent working full-time	33.0	36.2
Average poor family's income as a percent of poverty line		
without AFDC	38.9	40.0
with AFDC	52.0	47.6
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.6
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	8.7
Infant mortality rate (per 1,000 live births)	7.6	9.3
Percent of low-income young children without health insurance	18.9	23.5

NOTE: Tennessee has 443,652 children under age six.

TEXAS

Overview

Texas has significantly increased funding for its prekindergarten program and started a new family support program for young children and families.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Prekindergarten Program* ($$) offers classroom-based early care and education. Most programs are school-based, so children receive meals, vision and hearing screenings, and assistance from a school nurse when needed. In 1995–96, $239 million supported half-day services for almost all four-year-olds in the state.

0–6 *Healthy Families* (N) offers intensive home visits to high-risk families with young children from the prenatal stage or at birth until children turn five. The state allotted $3.1 million for the 1997–99 fiscal biennium to support planning grants for five new program sites each year, and operational funding for eight sites in the first year and 13 sites in the second year.

Other (no explicit 0–6 focus) The *Child Health and Safety Initiative* encourages community collaboration and mobilization to make children a priority. One aim is to prevent child abuse by improving local capacity to assist children and families and to promote healthy family relationships by improving parenting skills. The state provides no funding, but helps sites leverage local funds. There is no explicit focus on young children.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

TEXAS

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less
  - ☐ up to 1 year
  - ☐ 4–6 months
  - ☑ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☐ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Texas
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	14.8
Percent of young children in poverty	24.7	30.3
Percent of young children in near poverty or worse	44.2	51.5
Family Structure		
Percent of young children in single-parent families	27.9	26.3
Percent of young children in two-parent families	69.8	71.0
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	21.4
Percent of young children with mother working part- or full-time	63.6	64.0
Percent of young children without any parent working full-time	33.0	32.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	46.9
with AFDC	52.0	50.5
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	5.7
Percent of 19–35 month-old children not vaccinated	23.0	28.0
Percent of infants born of low birthweight	7.3	7.1
Infant mortality rate (per 1,000 live births)	7.6	6.5
Percent of low-income young children without health insurance	18.9	26.7

NOTE: Texas has 1,889,967 children under age six.

UTAH

Overview

The state supports a comprehensive program for high-risk young children and families as part of a program serving children of all ages.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 *Families, Agencies, and Communities Together (FACT)* ($$) offers coordinated services to children who need special assistance, including those from birth to age five (as well as those in kindergarten to grade three, and those with multiple, severe, and enduring problems). Once a child is referred to the program (often through local schools), a team of service providers from the community evaluates the family's needs and develops an individualized service plan. The program is funded at $4.9 million in FY 1998.

Family Centers (N) offer universal, comprehensive services to families with children of all ages. Some services target young children and families (e.g., family literacy, parenting education, home visits). The state allotted $300,000 to support approximately 15 centers, as well as state staff, training, and administration, in FY 1998.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

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* The state Integrated Early Childhood Services Committee, with representatives from a number of different state agencies serving young children and families, advises FACT on early childhood issues.

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☐ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Utah
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	3.4
Percent of young children in poverty	24.7	11.4
Percent of young children in near poverty or worse	44.2	35.4
Family Structure		
Percent of young children in single-parent families	27.9	12.3
Percent of young children in two-parent families	69.8	86.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	5.5
Percent of young children with mother working part- or full-time	63.6	65.1
Percent of young children without any parent working full-time	33.0	21.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	56.6
with AFDC	52.0	63.2
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.0
Percent of 19–35 month-old children not vaccinated	23.0	37.0
Percent of infants born of low birthweight	7.3	6.3
Infant mortality rate (per 1,000 live births)	7.6	5.4
Percent of low-income young children without health insurance	18.9	19.9

NOTE: Utah has 231,845 children under age six.

VERMONT

Overview

Vermont has increased funding for some of its early childhood initiatives since *Map and Track '96.* It has also strengthened its focus on planning, data collection and other infrastructure issues.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* *Parent-Child Centers* ($$) offer family support services to all families to prevent child abuse and neglect, with a focus on prenatal care and other services for families with children up to age three. The state spent $750,000 to support basic services in 16 Centers in FY 1996 (including child care, home visits, play groups, crisis intervention, information and referral, parenting education, drop-in services, and community development activities). The Centers have also won state contracts and outcomes-based grants to offer other state and federal programs for children and families (e.g., welfare-to-work, Healthy Babies), and received a two percent increase in reimbursement rates, along with a $25,000 allocation for data systems.

3–6 *Early Education Initiative* ($) offers classroom and home-based early care and education to low-income families, along with parent involvement and parenting education, through Parent-Child Centers, child care centers, Head Start grantees, and other community-based organizations. Sites undergo a peer review every five years using national program standards. $1.3 million supported 41 sites in FY 1998.

Early Literacy Initiative (N) offers home-based reading programs, library story hours, discussion groups for parents who are new readers, referrals to adult learning services, Even Start Literacy services, Reach Out and Read, training for family child care providers, and follow-up services for children entering school. The program is funded at $150,000 in FY 1998.

0–6 *Success By Six* ($$) is a state-initiated, community-designed package of comprehensive services to ensure that children are ready for school and that schools are ready for children. Each community has a regional coordinator (often located in a Parent/Child Center or a school), and volunteers who plan and coordinate services. Services vary based on local priorities, but all communities provide a core of supportive services for families with children form birth to age six. Roughly $1.6 million supported full coverage in 7 of 15 counties in 1998, supplemented by various federal and nongovernmental sources. Costs are estimated at approximately $100 per child per year.

Systems Development and Community Mobilization Strategies

Young Child Focus: A *Community Partnership* in each state service district brings together representatives from education, human services, business, local government, parent groups, and faith communities to develop a broad set of services and supports for children and families. Within each Partnership, there is often a group that addresses early childhood issues, including linkages to Success by Six. The state interagency *Early Childhood Steering Committee* is implementing a 1996 statewide agreement outlining a unified system of services for children and families, including block granting some child welfare, early childhood, social welfare and education funding to the Community Partnerships through formal collaboration agreements.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

Vermont's welfare-to-work plan includes incentives for participating in parent education programs, as well as expanded child care and Medicaid coverage. Parent-Child Center staff, state employees, state college staff, and other service providers offer service coordination and assistance to teen parents and other participating families.

* Healthy Babies is a support service for Medicaid-eligible pregnant women and their infants that provides home-based services from visiting nurses and family support workers. In 1998, $1.3 million in state and federal funds supported statewide coverage.

VERMONT

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 225%
  - ☑ For children ages 1–6: 225%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☑ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☑ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Vermont
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	2.7
Percent of young children in poverty	24.7	13.3
Percent of young children in near poverty or worse	44.2	38.0
Family Structure		
Percent of young children in single-parent families	27.9	18.5
Percent of young children in two-parent families	69.8	81.5
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	3.9
Percent of young children with mother working part- or full-time	63.6	74.1
Percent of young children without any parent working full-time	33.0	26.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	36.6
with AFDC	52.0	61.8
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	1.9
Percent of 19–35 month-old children not vaccinated	23.0	15.0
Percent of infants born of low birthweight	7.3	5.4
Infant mortality rate (per 1,000 live births)	7.6	6.0
Percent of low-income young children without health insurance	18.9	4.7

NOTE: Vermont has 56,502 children under age six.

VIRGINIA

Overview

Virginia has substantially expanded funding for its preschool initiative since *Map and Track '96.*

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Preschool Initiative* ($$) offers full-day early care and education, parent involvement, comprehensive child health and social services, and transportation to families with four-year-olds at risk of school failure. Most programs are operated by public schools; some, by community-based organizations. Local coordinating teams include public schools, as well as Head Start, child care, health, and social service providers. The program was funded at $46.6 million during the 1996–98 fiscal biennium, plus a required local match.

0–6 None reported.

Other (no explicit 0–6 focus) The *Comprehensive Services Trust Fund* awarded over $6 million in grants during FY 1996 and FY 1997 to 37 programs working to address the strengths and needs of troubled and at-risk youth and their families. Local interagency Family Assessment and Planning teams develop individualized service plans that may include Healthy Families, school readiness, parent aides, home-based services, and therapeutic recreation.

Systems Development and Community Mobilization Strategies

None reported.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

VIRGINIA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☑ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Virginia
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	6.8
Percent of young children in poverty	24.7	17.4
Percent of young children in near poverty or worse	44.2	33.2
Family Structure		
Percent of young children in single-parent families	27.9	24.5
Percent of young children in two-parent families	69.8	74.1
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	7.5
Percent of young children with mother working part- or full-time	63.6	71.6
Percent of young children without any parent working full-time	33.0	23.8
Average poor family's income as a percent of poverty line		
without AFDC	38.9	53.2
with AFDC	52.0	58.4
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.2
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	7.7
Infant mortality rate (per 1,000 live births)	7.6	7.8
Percent of low-income young children without health insurance	18.9	24.1

NOTE: Virginia has 530,930 children under age six.

WASHINGTON

Overview

Washington has slightly increased funding for its major preschool program and slightly reduced funds for its other programs for young children and families. Its community mobilization strategy includes outcome expectations related to young children.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 None reported.

3–6 *Early Childhood Education and Assistance Program* (ECEAP) ($$) offers comprehensive preschool services based on the Head Start model to low-income four-year-olds (or those with special needs or who have been in child protective services), as well as some three-year-olds. It was funded at $28 million in 1997.

Head Start Supplement (-$) decreased slightly to $470,000 in 1996–97. ECEAP and Head Start combined now serve an estimated 65 percent of eligible four-year-olds statewide.

Even Start Supplement ($) helps improve the literacy and parenting skills of parents of disadvantaged children between age three and third grade. It was funded at approximately $720,000 in 1997.

0–6 *Readiness to Learn Grants* ($) support community collaboration to develop and deliver comprehensive services to help children enter school ready to learn. Local service strategies for young children include family resource centers and early intervention/prevention, though some communities have supported health and social services for school-age children instead. The state Family Policy Council approves the Grants, and many of the Community Health and Safety Networks help plan and implement them (see below). It was funded at $7.2 million in the 1997–99 fiscal biennium.

Children's Trust Fund ($) funds community-based family support programs to prevent child abuse and neglect, with priority for families at risk of poor outcomes. Services include home visiting for new, young families with children from birth to age five; crisis nurseries for families in acute crisis with children from birth to age twelve; parenting education and support groups for families with children of all ages. $1.5 million in the 1997–99 fiscal biennium.

Systems Development and Community Mobilization Strategies

Potential Young Child Focus: *Community Health and Safety Networks* conduct collaborative community needs assessments, design comprehensive services for at-risk children and families, and contract with local organizations to deliver them, using federal Family Preservation and Support funds. Legislation mandates the Networks to use preventive strategies to achieve seven outcomes for children and families, some of which encourage a focus on early childhood. The state interagency *Family Policy Council* oversees and provides technical assistance to the Networks' efforts, stressing peer networking among sites.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

None reported.

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* The Community Health and Safety Networks have been asked to monitor the impact of welfare reform at the local level. In addition to expansions and improvements in subsidized child care, the Governor is seeking an additional $1 million for ECEAP.

WASHINGTON

State Investments and Supports for Young Children and Families

Early Care and Education

- N/A State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 200%
  - ☑ For children ages 1–6: 200%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Washington
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	4.9
Percent of young children in poverty	24.7	18.4
Percent of young children in near poverty or worse	44.2	38.5
Family Structure		
Percent of young children in single-parent families	27.9	23.5
Percent of young children in two-parent families	69.8	75.2
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	6.7
Percent of young children with mother working part- or full-time	63.6	66.5
Percent of young children without any parent working full-time	33.0	32.2
Average poor family's income as a percent of poverty line		
without AFDC	38.9	41.8
with AFDC	52.0	61.1
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.5
Percent of 19–35 month-old children not vaccinated	23.0	22.0
Percent of infants born of low birthweight	7.3	5.5
Infant mortality rate (per 1,000 live births)	7.6	5.9
Percent of low-income young children without health insurance	18.9	15.8

NOTE: Washington has 483,589 children under age six.

WEST VIRGINIA

Overview

West Virginia has maintained funding for its prekindergarten program, and developed pilot Early Childhood Centers. It is increasing the focus on young children and families within its community mobilization strategy.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3* None reported.

3–6 *Prekindergarten Services* ($) for four-year-olds are supported by state aid available to counties. The state has no formal guidelines, but the Department of Education works closely with counties to design program components. Over $5 million in 1997.

Child Development Program ($, P) offers comprehensive infant-toddler, prekindergarten, parent education, family support, and other services for families with children who are at-risk or have disabilities. In 1997, $450,000 funded three sites.

0–6 Starting Points *Early Childhood Centers* (N) in nine counties offer comprehensive child development, health, nutrition, parenting and family support, and case management services to young children and families in schools or other neighborhood locations, beginning prenatally and continuing to age five. Small grants from federal and philanthropic sources support the development of the Centers; legislation for long-term operating funds was approved during the 1998 legislative session.

Systems Development and Community Mobilization Strategies

Young Child Focus: *Family Resource Networks* (FRN) conduct collaborative community planning to identify the needs of children and families (including early childhood issues) and bring together comprehensive health, education, and social services. In FY 1998, 51 county Networks were fully funded; 30 were implementing Service System Improvement Grants; and nine were implementing Starting Points Early Childhood Centers (see above). A statewide evaluation is under-way. The *Governor's Cabinet on Children and Families* provides leadership and technical assistance to the Networks. The state governor's *Early Childhood Implementation Commission* fosters school readiness by improving and coordinating child health and nutrition, family support and parenting education, and early care and education programs. Current activities include Head Start-State Collaboration, Quality Improvement, DAY ONE, Professional Development, Starting Points, Communications, Child Care, Transition (Operation Tadpole), public engagement, and promotion of family-friendly workplaces.

Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

The state is deliberately using the Family Resource Network and the Starting Points sites as part of the welfare reform implementation strategy, conducting focus groups to get ideas from families about how to implement and improve the system, and using consumer interviews to get feedback. The Networks work to increase public awareness of and responsibility for welfare reform. The Early Childhood Centers serve as outreach sites. Efforts are also under way to coordinate services for families receiving TANF who are also enrolled in Head Start.

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* Funds to expand early parenting education services were included in a pending budget bill as *Map and Track '98* went to press.

WEST VIRGINIA

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☑ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 150%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☑ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.*

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☐ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☐ Uses state funds only

* Technically the state has no child support pass-through; however a child support incentive, equal to the amount of support collected but not to exceed $50, is added to the cash benefits of TANF recipients receiving child support.

State Indicators of Young Child and Family Well-Being

	U.S.A.	West Virginia
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	22.0
Percent of young children in poverty	24.7	40.0
Percent of young children in near poverty or worse	44.2	61.3
Family Structure		
Percent of young children in single-parent families	27.9	29.7
Percent of young children in two-parent families	69.8	69.0
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	17.5
Percent of young children with mother working part- or full-time	63.6	46.3
Percent of young children without any parent working full-time	33.0	49.6
Average poor family's income as a percent of poverty line		
without AFDC	38.9	36.5
with AFDC	52.0	45.7
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.0
Percent of 19–35 month-old children not vaccinated	23.0	29.0
Percent of infants born of low birthweight	7.3	7.9
Infant mortality rate (per 1,000 live births)	7.6	7.9
Percent of low-income young children without health insurance	18.9	11.7

NOTE: West Virginia has 119,935 children under age six.

WISCONSIN

Overview

Wisconsin has expanded family resource centers for infants and toddlers to 27 sites, and has level-funded its Head Start supplement. It has also developed a deliberate strategy to link welfare reform with children's programs.

State Initiatives for Young Children and Families

Comprehensive Programs

0–3 *Family Resource Centers* ($$) provide parent education and family support to families with children from birth up to age three in order to prevent child abuse and neglect. $1.9 million supported a total of 27 programs in 1998.

Right from the Start ($, P) is a six-site family support program for at-risk, first-time parents with newborns. Some sites offer home visits. It was funded at approximately $460,000 in 1997.

3–6 *Head Start Supplement* ($) was approximately $5 million in 1997.

0–6 *Home Visitation* (N, P) provide state funds to selected sites to serve as match for Medicaid funds from targeted case management in order to create or expand county home-visiting programs for families with children birth to age six. Authorizing legislation provides each site with flexible state funds to cover services that are not eligible for Medicaid reimbursement. The state expects to expand the initiative beyond a pilot in future years.

Systems Development and Community Mobilization Strategies

None reported.

*Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children**

Children's Services Networks are required components of the state's welfare reform plan. They provide families participating in TANF with links to a comprehensive array of community resources and services (including services for children with disabilities, WIC, child care, domestic violence services, child welfare services, and public health services.) Local networks must identify a group of community organizations and service providers that communicate on a regular basis, a single point of information and access to services for families, and a means of assessing community needs.

* Wisconsin is also implementing a major child care initiative that will permit all parents who earn up to 165 percent of the federal poverty level to be eligible for child care if they have children under age 13 and participate in employment, a subsidized job, or a job training program or, if after nine months of continued employment, they need additional training to improve their work status. The pilot home visiting initiative described above includes the Milwaukee Family Project, a model multi-agency, multi-disciplinary effort to enhance home visiting programs for families with children birth to age six as part of the effort to restructure Milwaukee's child welfare system. An express purpose is to provide care coordination to low-income parents making the transition from welfare to work. Legislation is under consideration to expand some strategies of the Project to other communities.

State Investments and Supports for Young Children and Families

Early Care and Education

- ☑ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☑ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☑ State Medicaid eligibility level is above required federal level.
  - ☑ For infants: 185%
  - ☑ For children ages 1–6: 185%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☑ 3 months or less ☐ up to 1 year
  - ☐ 4–6 months ☐ more than 1 year
- ☐ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☑ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☑ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Wisconsin
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	5.4
Percent of young children in poverty	24.7	16.2
Percent of young children in near poverty or worse	44.2	30.4
Family Structure		
Percent of young children in single-parent families	27.9	25.2
Percent of young children in two-parent families	69.8	73.6
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	7.7
Percent of young children with mother working part- or full-time	63.6	75.3
Percent of young children without any parent working full-time	33.0	24.7
Average poor family's income as a percent of poverty line		
without AFDC	38.9	40.7
with AFDC	52.0	59.3
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.4
Percent of 19–35 month-old children not vaccinated	23.0	24.0
Percent of infants born of low birthweight	7.3	6.0
Infant mortality rate (per 1,000 live births)	7.6	7.3
Percent of low-income young children without health insurance	18.9	14.8

NOTE: Wisconsin has 452,219 children under age six.

WYOMING

Overview

Wyoming has no state-funded programs for young children and families. The status has not changed since *Map and Track '96.* A new state-level systems reform effort focused on early childhood has begun.

State Initiatives for Young Children and Families*

Comprehensive Programs

0–3 None reported.

3–6 None reported.

0–6 None reported.

Systems Development and Community Mobilization Strategies

Young Child Focus: The Governor's Early Childhood Development Initiative, established by Executive Order in 1997, is a statewide effort to coordinate and improve early childhood development programs. A State Council appointed by the Governor is examining existing programs and developing a strategic plan to set the direction for existing or new programs. While currently there is no community mobilization component to the Initiative, the broad base of representatives sitting on the Council reflects the state's emphasis on community-based planning.

State Strategies to Link Welfare Reform with Comprehensive Initiatives for Young Children

None reported.

* As in *Map and Track '96,* the state reports a small Medicaid-funded home visiting program, as well as Best Beginnings, a statewide perinatal case management project begun in 1991. Coordinators ensure that high-risk pregnant women are identified and referred to health providers for prenatal and postnatal care. State and federal Maternal and Child Health Block Grant funding for county coordinators and program activities totaled about $450,000 in 1997. The state finances the services prenatally through Medicaid although it pays for prenatal care itself for families who are ineligible for Medicaid and uninsured.

WYOMING

State Investments and Supports for Young Children and Families

Early Care and Education

- ☐ State increased child care subsidies by 10 percent or more within the last 2 years.
- ☐ State supplements Head Start and/or other federal early childhood programs.
- ☐ State has statewide prekindergarten program.

Child Health

- ☐ State Medicaid eligibility level is above required federal level.
  - ☐ For infants: 133%
  - ☐ For children ages 1–6: 133%

TANF Provisions for Parents and Infants

- ☑ Parents with infants receiving TANF are exempt from work requirements.
  - ☐ 3 months or less ☐ up to 1 year
  - ☑ 4–6 months ☐ more than 1 year
- ☑ Work-exempt parents with infants receiving TANF are subject to other requirements.

State Investments to Promote Adequate Income for Young Children and Families

Increased Income/Assets for Families Receiving TANF

- ☑ Families receiving TANF can keep more *earnings* than under the AFDC program.
- ☑ Families receiving TANF can have more *assets* than under the AFDC program.
- ☐ Families receiving TANF are given at least some child support funds collected on their behalf.

Other Income-Promoting Supports

- ☐ State provides income supports (i.e., state income tax credit or state dependent care tax credit) to eligible low-income families.
- ☑ State reports efforts to provide work and training to noncustodial parents.
  - ☐ Uses Balanced Budget Act (BBA) funds
  - ☐ Uses both state and BBA funds
  - ☑ Uses state funds only

State Indicators of Young Child and Family Well-Being

	U.S.A.	Wyoming
Young Child Poverty Rates		
Percent of young children in extreme poverty	11.7	6.7
Percent of young children in poverty	24.7	19.4
Percent of young children in near poverty or worse	44.2	45.1
Family Structure		
Percent of young children in single-parent families	27.9	21.8
Percent of young children in two-parent families	69.8	77.2
Socioeconomic Status of Families with Young Children		
Percent of young children whose more educated parent did not finish high school	14.6	3.9
Percent of young children with mother working part- or full-time	63.6	73.2
Percent of young children without any parent working full-time	33.0	24.3
Average poor family's income as a percent of poverty line		
without AFDC	38.9	53.3
with AFDC	52.0	61.9
Young Children's Health and Well-Being		
Percent of pregnant women receiving late or no prenatal care	4.2	3.8
Percent of 19–35 month-old children not vaccinated	23.0	23.0
Percent of infants born of low birthweight	7.3	7.4
Infant mortality rate (per 1,000 live births)	7.6	7.7
Percent of low-income young children without health insurance	18.9	18.8

NOTE: Wyoming has 39,788 children under age six.

Appendix A

Summary of States' Program and Community Mobilization Initiatives for Young Children and Families

	Programs for infants/toddlers (0–3)	Programs for preschoolers (3–6)	Programs for young children and families (0–6)	Community mobilization and systems development		
				0–6 only	0–6 focus	potential* 0–6 focus
Alabama			[N, P]			
Alaska		–$	N			√, N
Arizona	N / $	$ [–$, N][1]	$			
Arkansas		$				√
California	$$	$$				
Colorado	N	$$	N / [N, P] / $	√		
Connecticut		N / $$	$$ / $$			
Delaware	$$	$$				√
Florida	$$	N / $$		2		√
Georgia	N / $$ / [N, P]	$$			√	
Hawaii	$	–$[3]	–$	√, N		
Idaho	[4]					
Illinois	$$	$$	$$			√, N
Indiana	[N, T][5]				√	
Iowa	$$ / $$	$$	[$, P]			√, N
Kansas	$					
Kentucky		$$	$$			
Louisiana		$				
Maine	[N, P]	$ / $				√, N
Maryland	$$	$$		6	√	
Massachusetts	$$ / $ / $ / N	$$ / $$				
Michigan	$ / N	$$ / [N, P]				√, O
Minnesota	[N, P] / N / N / [N, P]	$$ / $$	$$ / –$		√	
Mississippi	[$, P]					
Missouri			$$			√, O
Montana			N / $$			
Nebraska			[$, P]	√[7]		
Nevada	N[8]		N / $$			
New Hampshire	[N, P, T]	$$	–$			
New Jersey		N / $				
New Mexico	$$[9]					
New York	[$, P]	N / $				√, N
North Carolina	[10]	[10]	$$ / $	√		
North Dakota						√, N

[1] Arizona has reduced funding for its preschool program but has created a new block grant program that includes funds for the preschool program.
[2] Florida has a state-level coordinating council for early care and education.
[3] Hawaii also funds a scholarship program for three- and four-year-olds to attend full-day programs that may or may not be comprehensive.
[4] Idaho has an Information Clearinghouse for parents of infants and toddlers.
[5] In the past, this program was solely supported by federal and county funds.
[6] Maryland has a statewide Ready at Five Partnership to ensure all children enter school ready to learn.
[7] Nebraska also has a parallel community mobilization strategy for all children.
[8] Nevada also has an 800 telephone number referral campaign to promote healthy babies.
[9] New Mexico also supports (at about $35,000) a newsletter to parents of newborns.
[10] North Carolina uses money specifically for programs, especially child care, for infants and toddlers as well as preschoolers through Smart Start, which is a 0–6 program.

* "Potential" systems development and community mobilization initiatives are state and local efforts with no explicit focus on young children (birth to six) and families. Such efforts have the potential to improve systems for young children and families, but may focus only on services for older children.

N New statewide initiative

$$ Funding increase since *Map and Track '96*

$ Level funding since *Map and Track '96*

–$ Reduction in funding since *Map and Track '96*

O Community mobilization initiatives that require communities to achieve specific *outcomes* for young children and families in the context of a broader effort.

P Pilot program in a few sites. Pilots may be new, with the potential to grow, or may be continuing efforts that have never grown beyond a small number of sites. They are not, however, counted as states developing statewide initiatives.

T A state decision to use TANF funds to support an initiative

√ Indicates age group targeted

Codes for different initiatives in the same column are separated by /, codes for the same initiative are in [ ].

Appendix A

Summary of States' Program and Community Mobilization Initiatives for Young Children and Families

	Programs for infants/toddlers (0–3)	Programs for preschoolers (3–6)	Programs for young children and families (0–6)	Community mobilization and systems development		
				0–6 only	0–6 focus	potential* 0–6 focus
Ohio	[$$, T] / $$	$$ / $$	$$		√	
Oklahoma	N / [N, T] / $$	$$ / $$	$$ / $			√
Oregon	$	$$	$$ / $$ / $ / [$$, P]		√	
Pennsylvania			–$		√	
Rhode Island	N / N[11]	$	N		√	
South Carolina		$$	–$			
South Dakota						
Tennessee		[N, P]	$$			
Texas		$$	N			
Utah			N / $$			
Vermont	$$	$ / N	$$		√	
Virginia		$$				
Washington		$$ / $ / –$	$ / $		.	√, O
West Virginia		$ / [$, P]	N		√	
Wisconsin	$$ / [$, P]	$	[N, P]			[12]
Wyoming				[13]		
Total States						
(Excluding states with only pilots)	24	34	25	4	10	13

[11] The Rhode Island program reported in *Map and Track '96* for infants and toddlers was incorporated into this new program.

[12] Wisconsin, as a part of its welfare plan, requires that there be a community-based children's services network.

[13] Wyoming has begun a state-level planning initiative around early childhood issues.

* "Potential" systems development and community mobilization initiatives are state and local efforts with no explicit focus on young children (birth to six) and families. Such efforts have the potential to improve systems for young children and families, but may focus only on services for older children.

N New statewide initiative

$$ Funding increase since *Map and Track '96*

$ Level funding since *Map and Track '96*

–$ Reduction in funding since *Map and Track '96*

O Community mobilization initiatives that require communities to achieve specific *outcomes* for young children and families in the context of a broader effort.

P Pilot program in a few sites. Pilots may be new, with the potential to grow, or may be continuing efforts that have never grown beyond a small number of sites. They are not, however, counted as states developing statewide initiatives.

T A state decision to use TANF funds to support an initiative

. Indicates age group targeted

Codes for different initiatives in the same column are separated by /, codes for the same initiative are in [ ].

Appendix B

Indicator Summary Table

Table 1: Extreme poverty, poverty, and near poverty rates for children under age six, total number of children under age six, and number of children under age six in poverty, by state, 1992–1996

	Children under age six			Number of children under age six	
	Extreme poverty	Poverty	Near poverty	In poverty	Total
USA	**11.7**	**24.7**	**44.2**	**5,877,088**	**23,827,204**
Alabama	14.7	25.9	45.7	100,936	390,292
Alaska	3.5	13.8	31.7	8,749	63,469
Arizona	12.9	28.9	53.1	124,350	430,433
Arkansas	12.2	27.0	56.2	59,990	222,046
California	9.7	29.0	48.9	950,269	3,280,728
Colorado	8.6	17.2	35.4	55,659	323,119
Connecticut	8.3	24.0	32.6	67,250	280,726
Delaware	5.4	15.3	39.0	8,750	57,297
District of Columbia	26.3	44.2	63.4	23,424	53,032
Florida	15.3	26.6	49.0	313,231	1,179,706
Georgia	13.8	23.7	43.8	152,241	641,174
Hawaii	2.7	18.3	39.5	19,015	103,648
Idaho	7.5	21.7	51.5	22,397	103,016
Illinois	13.6	24.3	40.3	271,890	1,120,426
Indiana	8.7	21.5	43.3	118,010	549,748
Iowa	6.9	17.1	40.9	45,228	264,617
Kansas	7.9	20.2	41.1	50,245	248,334
Kentucky	16.3	29.4	47.8	90,042	306,544
Louisiana	24.3	40.6	55.3	158,447	389,800
Maine	9.4	22.4	40.9	19,567	87,170
Maryland	9.1	18.6	35.2	94,425	508,369
Massachusetts	7.9	16.6	29.9	84,557	507,916
Michigan	14.6	25.7	41.8	225,756	876,795
Minnesota	4.6	17.2	36.6	68,142	396,345
Mississippi	23.1	35.5	61.5	86,319	243,200
Missouri	11.1	23.9	50.5	102,202	426,772
Montana	10.1	25.9	52.0	20,019	77,160
Nebraska	8.8	18.7	35.7	29,478	157,568
Nevada	9.4	16.6	38.2	20,938	125,914
New Hampshire	6.1	11.9	30.0	12,236	103,215
New Jersey	8.9	15.4	27.7	107,412	698,922
New Mexico	18.3	34.0	58.8	58,049	170,793
New York	14.8	28.8	46.1	464,551	1,615,424
North Carolina	11.9	24.6	44.7	144,267	586,772
North Dakota	8.3	17.3	38.1	8,614	49,905
Ohio	12.5	23.1	42.6	223,470	969,149
Oklahoma	18.4	32.0	53.4	92,384	288,395
Oregon	8.2	20.1	47.8	51,635	256,487
Pennsylvania	8.6	18.4	35.7	179,569	976,732
Rhode Island	8.6	20.4	37.9	15,266	74,879
South Carolina	13.0	24.0	50.7	74,702	311,445
South Dakota	13.1	21.9	43.7	13,437	61,295
Tennessee	14.9	27.8	54.2	123,466	443,652
Texas	14.8	30.3	51.5	572,180	1,889,967
Utah	3.4	11.4	35.4	26,338	231,845
Vermont	2.7	13.3	38.0	7,521	56,502
Virginia	6.8	17.4	33.2	92,544	530,930
Washington	4.9	18.4	38.5	89,168	483,589
West Virginia	22.0	40.0	61.3	47,963	119,935
Wisconsin	5.4	16.2	30.4	73,080	452,219
Wyoming	6.7	19.4	45.1	7,710	39,788

Source: National Center for Children in Poverty, Columbia School of Public Health. Based on data from the U.S. Bureau of the Census, March Current Population [illegible]3–1997.

Appendix B

Indicator Summary Table

Table 2: Extreme poverty, poverty, and near poverty rates for children under age 18, total number of children under age 18, and number of children under age 18 in poverty, by state, 1992–1996

	Children under age 18			Number of children under age 18	
	Extreme poverty	Poverty	Near poverty	In poverty	Total
USA	**9.7**	**21.4**	**40.2**	**14,789,718**	**69,168,017**
Alabama	11.8	22.8	42.9	259,850	1,139,326
Alaska	3.6	12.0	28.3	22,826	190,849
Arizona	12.3	27.0	49.5	321,752	1,189,691
Arkansas	9.1	22.6	49.8	153,408	679,740
California	8.9	25.8	45.4	2,276,645	8,824,822
Colorado	5.7	13.0	31.2	124,642	958,574
Connecticut	8.2	21.2	31.9	175,818	830,490
Delaware	4.4	12.6	33.4	21,846	172,700
District of Columbia	20.1	37.2	56.9	48,657	130,730
Florida	11.7	23.3	44.4	780,950	3,350,359
Georgia	13.0	22.5	44.1	420,848	1,874,467
Hawaii	3.0	16.4	37.1	46,367	282,177
Idaho	5.6	18.4	43.9	61,146	332,784
Illinois	10.6	20.5	36.7	666,899	3,255,996
Indiana	5.8	14.9	39.1	230,971	1,554,286
Iowa	6.1	14.7	34.2	115,930	790,169
Kansas	5.9	16.1	36.0	115,049	712,723
Kentucky	15.0	27.2	45.3	265,772	978,787
Louisiana	18.1	34.8	51.2	430,293	1,235,626
Maine	7.3	16.6	34.9	47,496	286,824
Maryland	8.9	17.3	32.8	219,374	1,266,418
Massachusetts	6.1	15.3	29.0	217,988	1,424,986
Michigan	10.3	20.2	35.9	514,132	2,546,333
Minnesota	4.6	15.1	32.1	181,651	1,202,208
Mississippi	17.5	30.8	55.3	243,621	789,765
Missouri	9.0	19.6	40.3	257,199	1,315,489
Montana	8.3	20.6	46.2	49,838	242,158
Nebraska	6.2	14.4	33.2	67,287	467,912
Nevada	7.6	15.4	36.6	58,087	376,674
New Hampshire	5.8	10.7	27.9	30,361	283,986
New Jersey	7.1	14.4	27.1	278,016	1,930,331
New Mexico	16.2	31.5	54.0	165,635	525,239
New York	12.4	25.6	43.1	1,175,129	4,599,008
North Carolina	9.2	21.3	39.6	359,087	1,685,800
North Dakota	5.6	13.2	34.2	22,140	168,258
Ohio	10.3	19.8	37.7	603,246	3,043,321
Oklahoma	13.6	24.8	46.6	225,066	907,407
Oregon	7.2	17.2	38.4	138,883	808,871
Pennsylvania	8.1	17.3	34.0	509,334	2,952,310
Rhode Island	6.4	16.7	32.2	35,846	214,632
South Carolina	12.9	23.1	46.9	225,967	977,604
South Dakota	8.5	17.8	38.2	36,620	206,109
Tennessee	11.1	21.7	44.7	299,160	1,379,835
Texas	11.5	26.2	47.0	1,404,843	5,369,975
Utah	3.2	10.3	34.4	67,371	651,778
Vermont	3.4	12.8	33.9	19,805	155,316
Virginia	6.8	15.3	32.0	240,430	1,572,232
Washington	4.9	16.3	30.8	226,562	1,386,206
West Virginia	15.3	29.8	51.9	116,633	391,631
Wisconsin	4.3	13.7	28.7	194,110	1,413,014
Wyoming	4.9	13.5	34.5	19,132	142,091

Source: National Center for Children in Poverty, Columbia School of Public Health. Based on data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997.

APPENDIX B

INDICATOR SUMMARY TABLE

Table 3: Percentage of children under age six and percentage of children under age 18 in various family structures, by state, 1992–1996*

	Children under age six**		Children under age 18			
	Single-parent families	Two-parent families	Father-only families	Mother-only families	Two-parent families	% father-only among all single-parent families
USA	**27.9**	**69.8**	**3.8**	**23.5**	**69.3**	**13.8**
Alabama	32.4	62.6	4.2	26.9	64.0	13.4
Alaska	21.7	77.0	6.3	17.2	74.2	26.8
Arizona	30.6	66.9	5.0	24.0	67.2	17.3
Arkansas	25.2	70.6	3.3	21.6	69.3	13.2
California	27.3	70.6	4.6	21.9	70.0	17.2
Colorado	24.0	75.6	4.0	20.2	74.0	16.5
Connecticut	27.9	68.1	3.9	23.2	68.1	14.5
Delaware	29.9	67.3	4.0	25.4	66.2	13.7
District of Columbia	57.4	35.9	3.6	49.6	36.9	6.7
Florida	34.1	63.4	3.8	28.4	64.0	11.8
Georgia	32.5	63.1	3.1	25.8	65.8	10.8
Hawaii	25.4	72.0	4.2	21.3	70.8	16.6
Idaho	20.5	77.3	3.6	14.9	78.8	19.4
Illinois	30.2	67.6	3.0	26.2	67.6	10.3
Indiana	26.0	69.5	4.6	21.1	71.7	17.9
Iowa	19.6	79.7	3.1	18.6	77.0	14.2
Kansas	25.0	73.2	3.9	19.9	74.4	16.4
Kentucky	28.8	69.0	3.0	23.7	70.5	11.3
Louisiana	36.9	57.1	3.7	31.3	59.9	10.6
Maine	25.2	74.4	5.0	18.4	75.5	21.4
Maryland	22.7	74.9	2.7	26.6	67.9	9.3
Massachusetts	25.9	73.2	3.6	23.9	70.5	13.0
Michigan	29.6	67.9	4.2	23.8	69.2	14.9
Minnesota	25.2	74.5	4.3	18.1	76.4	19.3
Mississippi	42.4	52.9	3.0	35.6	56.2	7.7
Missouri	31.7	64.8	3.1	24.0	69.4	11.5
Montana	23.6	75.2	4.4	18.4	74.0	19.4
Nebraska	22.2	76.1	2.9	16.9	78.0	14.8
Nevada	25.4	72.4	4.7	22.6	69.5	17.2
New Hampshire	19.6	79.5	4.8	17.1	76.5	21.8
New Jersey	21.8	76.7	3.2	20.8	73.2	13.2
New Mexico	34.4	63.3	5.6	25.6	65.1	18.0
New York	30.8	66.6	3.2	28.4	64.7	10.1
North Carolina	28.4	68.9	4.2	24.6	66.7	14.6
North Dakota	19.3	79.5	3.7	14.5	80.1	20.5
Ohio	26.5	70.4	3.6	23.2	70.3	13.5
Oklahoma	28.2	68.8	3.9	23.7	68.5	14.0
Oregon	27.2	70.4	5.4	19.2	72.6	21.9
Pennsylvania	24.0	73.8	3.7	20.2	73.1	15.6
Rhode Island	23.8	75.9	2.9	25.2	69.8	10.2
South Carolina	32.7	62.9	2.9	27.0	64.3	9.6
South Dakota	20.7	78.1	4.1	16.3	77.3	20.1
Tennessee	31.2	66.4	2.2	29.7	64.2	6.8
Texas	26.3	71.0	3.2	22.4	70.1	12.6
Utah	12.3	86.6	2.3	11.1	85.2	17.1
Vermont	18.5	81.5	4.5	15.2	79.0	23.0
Virginia	24.5	74.1	3.8	20.7	72.7	15.4
Washington	23.5	75.2	5.3	18.9	73.6	21.9
West Virginia	29.7	69.0	3.9	22.9	70.9	14.5
Wisconsin	25.2	73.6	3.8	21.8	72.0	14.8
Wyoming	21.8	77.2	4.1	16.9	77.4	19.7

* The percentages do not add up to 100 because some children live with neither parent.

** Sample sizes of children under six years of age in single-parent families in some states are too small to classify by whether they are from mother-only or father-only families.

Source: National Center for Children in Poverty, Columbia School of Public Health. Based on data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997.

APPENDIX B

INDICATOR SUMMARY TABLE

Table 4: Percentage of children under age six* by parental employment status,** by state, 1992–1996

	At least one parent worked full time	At least one worked part time but neither worked full time	Neither parent was working
USA	**67.0**	**18.9**	**11.7**
Alabama	65.1	15.1	11.9
Alaska	67.6	22.3	8.8
Arizona	64.8	21.7	11.0
Arkansas	69.5	18.4	7.9
California	62.3	20.5	15.2
Colorado	73.5	16.9	9.2
Connecticut	67.1	17.1	11.8
Delaware	73.9	16.4	5.9
District of Columbia	42.0	17.9	33.3
Florida	65.4	19.2	12.8
Georgia	71.6	14.7	9.3
Hawaii	65.6	18.7	13.0
Idaho	66.6	24.8	6.3
Illinois	66.6	16.6	14.6
Indiana	70.0	16.8	10.8
Iowa	76.2	16.6	4.6
Kansas	74.0	16.9	7.3
Kentucky	66.1	20.0	11.7
Louisiana	52.7	22.7	20.5
Maine	67.0	26.1	6.5
Maryland	70.2	17.5	9.9
Massachusetts	71.4	14.6	13.0
Michigan	62.3	21.8	13.4
Minnesota	78.3	14.2	7.3
Mississippi	56.9	19.4	18.9
Missouri	65.6	21.3	9.7
Montana	68.1	22.8	7.9
Nebraska	79.9	13.8	4.7
Nevada	68.6	20.3	8.9
New Hampshire	65.8	26.3	7.0
New Jersey	73.1	15.1	10.3
New Mexico	62.5	22.5	12.8
New York	62.6	16.0	18.8
North Carolina	69.2	19.4	8.8
North Dakota	78.1	16.1	4.5
Ohio	68.8	18.3	9.9
Oklahoma	62.5	26.4	8.1
Oregon	63.4	27.2	7.1
Pennsylvania	70.0	16.5	11.3
Rhode Island	66.2	19.1	14.4
South Carolina	64.5	17.6	13.5
South Dakota	80.3	12.6	5.8
Tennessee	63.8	21.7	12.1
Texas	67.4	20.7	9.2
Utah	78.4	17.7	2.9
Vermont	73.4	20.1	6.5
Virginia	76.2	18.6	3.8
Washington	67.8	24.5	6.5
West Virginia	50.4	25.8	22.4
Wisconsin	75.3	17.2	6.3
Wyoming	75.7	18.6	4.7

* The percentages do not add up to 100 because some children live with neither parent.

** These percentages refer only to resident parent.

Source: National Center for Children in Poverty, Columbia School of Public Health. Based on data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997.

Appendix B

Indicator Summary Table

Table 5: Percentage of children by mother's employment status, by state, 1992–1996

	Children under age six		Children ages 6 to 17	
	Mother works full-time	Mother works part-time	Mother works full-time	Mother works part-time
USA	**25.5**	**34.0**	**35.8**	**31.5**
Alabama	32.9	30.1	39.8	27.3
Alaska	22.7	42.7	36.3	35.5
Arizona	19.7	30.5	30.6	32.5
Arkansas	28.8	34.6	41.4	31.6
California	21.5	28.6	30.8	27.8
Colorado	29.3	38.8	37.2	33.8
Connecticut	27.5	35.1	33.9	33.4
Delaware	32.1	37.2	43.2	29.5
District of Columbia	25.9	22.5	37.3	20.5
Florida	29.0	30.5	38.7	29.6
Georgia	33.6	30.1	36.3	28.1
Hawaii	30.3	32.9	40.4	31.7
Idaho	20.8	40.8	29.9	44.5
Illinois	25.9	33.7	37.4	30.3
Indiana	22.7	39.1	41.8	34.3
Iowa	34.8	42.6	44.9	39.1
Kansas	31.1	39.5	37.9	37.5
Kentucky	25.6	37.6	35.8	30.0
Louisiana	19.0	33.3	31.9	28.8
Maine	24.8	45.6	32.7	43.5
Maryland	28.5	35.4	37.0	35.7
Massachusetts	23.4	41.3	33.1	37.2
Michigan	22.2	37.8	31.5	35.9
Minnesota	33.9	40.1	40.9	35.4
Mississippi	32.0	24.9	44.2	24.9
Missouri	35.7	34.9	44.4	31.4
Montana	24.6	43.3	33.9	42.0
Nebraska	34.9	37.1	42.8	33.9
Nevada	25.0	34.6	39.9	28.1
New Hampshire	27.4	46.5	34.9	35.5
New Jersey	23.4	31.5	34.5	31.7
New Mexico	22.6	33.7	31.1	30.6
New York	20.1	28.5	30.7	29.3
North Carolina	29.6	38.8	42.2	29.9
North Dakota	37.1	40.3	40.8	42.7
Ohio	23.5	35.9	31.8	35.5
Oklahoma	21.6	38.0	35.2	30.2
Oregon	18.2	44.4	30.3	42.7
Pennsylvania	22.9	35.8	31.2	36.2
Rhode Island	18.3	47.3	35.7	37.7
South Carolina	26.9	32.4	39.1	28.6
South Dakota	37.6	36.3	44.0	36.6
Tennessee	27.4	35.5	39.9	27.7
Texas	29.9	30.5	39.1	25.6
Utah	24.1	39.0	31.1	38.4
Vermont	27.0	42.8	36.5	41.8
Virginia	32.4	35.3	41.2	31.4
Washington	17.3	45.3	32.1	36.8
West Virginia	15.0	27.8	31.9	29.1
Wisconsin	26.1	45.2	44.5	32.6
Wyoming	26.7	42.4	36.8	41.5

Source: National Center for Children in Poverty, Columbia School of Public Health. Based on data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997.

APPENDIX B

INDICATOR SUMMARY TABLE

Table 6: Percentage of children under age six and under age 18 without health insurance in all families and in low-income families, by state, 1992–1996*

	In all families		In low-income families	
	Children under age six	Children under age 18	Children under age six	Children under age 18
USA	**13.3**	**14.5**	**18.9**	**23.0**
Alabama	15.8	17.4	22.9	28.1
Alaska	10.7	10.8	12.2	15.8
Arizona	18.9	20.6	26.8	31.8
Arkansas	17.3	21.2	22.5	29.4
California	16.3	18.2	23.1	27.3
Colorado	12.1	13.8	17.0	23.5
Connecticut	7.0	9.8	12.7	16.0
Delaware	11.9	11.9	19.3	21.8
DC	13.3	14.6	14.5	17.1
Florida	14.7	17.9	18.6	25.1
Georgia	17.4	17.3	20.3	25.0
Hawaii	4.7	6.2	7.4	9.6
Idaho	13.1	14.8	17.2	23.2
Illinois	10.2	10.8	13.0	15.9
Indiana	10.5	10.6	14.0	15.8
Iowa	11.7	10.4	17.9	19.6
Kansas	10.7	9.6	15.1	16.3
Kentucky	13.5	15.6	20.0	23.9
Louisiana	19.8	19.5	22.7	26.4
Maine	8.7	12.4	11.0	19.8
Maryland	10.0	9.9	16.5	18.2
Massachusetts	8.9	10.2	13.7	18.8
Michigan	7.7	8.5	10.8	14.1
Minnesota	7.5	7.6	11.8	14.0
Mississippi	14.3	17.6	16.6	22.5
Missouri	10.3	12.0	15.0	20.6
Montana	9.6	10.6	12.2	16.3
Nebraska	6.8	9.7	9.5	15.7
Nevada	22.7	21.0	32.4	32.9
New Hampshire	7.7	12.1	12.1	22.7
New Jersey	13.1	13.5	20.1	25.3
New Mexico	15.4	21.0	19.8	28.8
New York	11.5	13.9	14.3	18.8
North Carolina	10.7	14.6	14.6	22.8
North Dakota	9.3	8.3	12.6	15.3
Ohio	11.6	10.5	15.8	17.5
Oklahoma	24.8	22.0	32.3	31.9
Oregon	13.7	13.2	18.4	22.3
Pennsylvania	9.6	9.0	15.7	15.9
Rhode Island	6.9	8.2	9.3	14.7
South Carolina	14.4	16.0	18.9	24.4
South Dakota	7.0	10.2	11.5	14.9
Tennessee	16.7	13.6	23.5	20.7
Texas	20.0	23.6	26.7	34.8
Utah	11.3	10.7	19.9	18.9
Vermont	6.0	5.8	4.7	6.9
Virginia	13.1	11.1	24.1	20.4
Washington	9.7	10.9	15.8	20.0
West Virginia	9.4	11.7	11.7	17.2
Wisconsin	6.8	8.0	14.8	14.9
Wyoming	12.4	12.3	18.8	24.3

* Low-income families are defined by the Health Care Financing Administration as those whose family income is at or below 200 percent of the federal poverty line.

Source: National Center for Children in Poverty, Columbia School of Public Health. Based on data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997.

APPENDIX C

STATE INVESTMENTS AND SUPPORTS FOR YOUNG CHILDREN AND FAMILIES

Table 1: Early care and education and child health

	Early Care and Education			Child Health	
	State increased child care subsidies 10% or more within the last two years	State supplements Head Start and/or other federal early childhood programs	State has statewide prekindergarten program	State Medicaid eligibility level is above required federal level for infants	State Medicaid eligibility level is above required federal level for children ages 1–5
Alabama	N-(RS)	N	N	N	N
Alaska	Y	Y	N	N	N
Arizona	Y	N	Y	Y-(140%)	N
Arkansas	N-(RS)	N	Y	Y-(200%)	Y-(200%)
California	Y	N	Y	Y-(200%)	N
Colorado	N-(RS)	N	Y	N	N
Connecticut	Y	Y	Y	Y-(185%)	Y-(185%)
Delaware	Y	Y	N	Y-(185%)	N
District of Columbia	N-(D)	N	Y	Y-(185%)	N
Florida	Y	N	Y	Y-(185%)	N
Georgia	Y	N	Y	Y-(185%)	N
Hawaii	N-(RS)	Y	N	Y-(300%)	Y-(300%)
Idaho	N-(RS)	N	N	Y-(160%)	Y-(160%)
Illinois	Y	N	Y	Y-(200%)	N
Indiana	N/A	N	N	Y-(150%)	N
Iowa	Y	N	Y	Y-(185%)	N
Kansas	Y	N	N	Y-(150%)	N
Kentucky	N/A	N	Y	Y-(185%)	N
Louisiana	Y	N	Y	N	N
Maine	N-(RS)	Y	Y	Y-(185%)	N
Maryland	N-(I<10%)	N	Y	Y-(185%)	Y-(185%)
Massachusetts	Y	Y	Y	Y-(185%)	N
Michigan	Y	N	Y	Y-(185%)	Y-(150%)
Minnesota	Y	Y	N	Y-(275%)	Y-(275%)
Mississippi	Y	N	N	Y-(185%)	N
Missouri	N-(I < 10%)	N	N	Y-(185%)	N
Montana	N/A	N	N	N	N
Nebraska	Y	N	N	Y-(150%)	N
Nevada	Y	N	N	N	N
New Hampshire	N-(D)	Y	N	Y-(185%)	Y-(185%)
New Jersey	N-(RS)	Y	Y	Y-(185%)	N
New Mexico	N-(RS)	N	N	Y-(185%)	Y-(185%)
New York	N/A	N	Y	Y-(185%)	N
North Carolina	Y	N	N	Y-(185%)	N
North Dakota	N-(RS)	N	N	N	N
Ohio	Y	Y	Y	Y-(150%)	Y-(150%)
Oklahoma	N-(RS)	Y	Y	Y-(185%)	Y-(185%)
Oregon	Y	N	Y	N	N
Pennsylvania	Y	N	N	Y-(185%)	N
Rhode Island	Y	Y	N	Y-(250%)	Y-(250%)
South Carolina	Y	N	Y	Y-(185%)	Y-(150%)
South Dakota	N/A	N	N	N	N
Tennessee	N-(RS)	N	N*	Y-(400%)	Y-(400%)
Texas	Y	N	Y	Y-(185%)	N
Utah	N-(D)	N	N	N	N
Vermont	N-(D)	N	Y	Y-(225%)	Y-(225%)
Virginia	Y	N	Y	N	N
Washington	N/A	Y	Y	Y-(200%)	Y-(200%)
West Virginia	N-(RS)	N	Y	Y-(150%)	N
Wisconsin	Y	Y	N	Y-(185%)	Y-(185%)
Wyoming	N-(RS)	N	N	N	N
Total	26	14	27	39	17

Y Yes RS Remained the same I<10% Increased by less than 10 percent

N No D Decreased

* Tennessee has a new pilot Early Childhood Education and Parent Involvement Project.

Sources: National Center for Children in Poverty. Based on NCCP state survey of increases in child care subsidies, state supplements to Head Start Programs, and state funding of statewide prekindergarten programs conducted July–November 1997.

National Center for Children in Poverty. Based on 1998 state Medicaid eligibility data supplied by the Center on Budget and Policy Priorities.

APPENDIX C

STATE INVESTMENTS AND SUPPORTS FOR YOUNG CHILDREN AND FAMILIES

Table 2: TANF provisions for parents and infants

	TANF life-time limits (months)	Parents with infants receiving TANF are exempt from work requirements (duration of exemption)**	Work exempt parents with infants receiving TANF are subject to other requirements
Alabama	60	Y-(12 months)	N
Alaska	60	Y-(12 months)	Y
Arizona	60	Y-(12 months)	N
Arkansas	24	Y-(12 weeks)	Y
California	60	Y-(6 months is state recommendation. County discretion to increase or decrease exemption period.)	N
Colorado	60	Y-(12 weeks)	N
Connecticut	21	Y-(12 months)	N
Delaware	48	Y-(6 months)	N
District of Columbia	60	Y-(12 months)	N
Florida	48	Y-(3 months)	Y
Georgia	48	Y-(12 months)	Y
Hawaii	60*	Y-(6 months)	N
Idaho	24	N	Y
Illinois	60	Y-(12 months)	N
Indiana	24*	Y-(1 year)	N
Iowa	60	N	N
Kansas	60	Y-(12 months)	N
Kentucky	60	Y-(12 months)	Y
Louisiana	60	Y-(12 months)	N
Maine	60	Y-(12 months)	Y
Maryland	60	Y-(12 months)	Y
Massachusetts	24	Y-(Under school age.)	Y
Michigan	60	Y-(12 weeks)	Y
Minnesota	60	Y-(12 months)	Y
Mississippi	60	Y-(12 months)	N
Missouri	60	Y-(12 months)	N
Montana	36	Y-(12 months)	Y
Nebraska	24 of 60 months*	Y-(12 weeks)	N
Nevada	60	Y-(12 months)	N
New Hampshire	60	Y-(3 years)	N
New Jersey	60	Y-(12 weeks)	N
New Mexico	36	Y-(12 months)	N
New York	60	Y-(12 months)	N
North Carolina	24	Y-(Over one year.)	N
North Dakota	60	Y-(4 months)	Y
Ohio	36 of 60 months	Y-(12 months)	Y
Oklahoma	60	Y-(12 weeks)	Y
Oregon	24*	Y-(12 weeks)	N
Pennsylvania	60	Y-(12 months)	N
Rhode Island	60	Y-(12 months)	Y
South Carolina	60	Y-(12 months)	N
South Dakota	60	Y-(12 weeks)	N
Tennessee	60*	Y-(16 weeks)	N
Texas	36*	Y-(3 years)	N
Utah	60	N	N
Vermont	36*	Y-(18 months)	Y
Virginia	60*	Y-(18 months)	Y
Washington	60	Y-(12 months)	N
West Virginia	60	Y-(12 months first child. 6 months subsequent children.)	Y
Wisconsin	60*	Y-(12 weeks)	N
Wyoming	60	Y-(6 months)	Y
Total		Y = 48	Y = 20

Y Yes N No

* Time parents with infants receiving TANF are exempt from time-limits **does not** count against lifetime limits in these states.

** Under TANF, states may exempt single parents of children under age one from work requirements for a lifetime total of 12 months. Parents exempted under this provision may be excluded from state work participation rate calculations. Some states have indicated that they intend to have exemptions of more than 12 months because the federal provision is inconsistent with their 1115 waivers. Other states have indicated that they will have more restrictive exemptions in order to emphasize immediate work.

Sources: National Center for Children in Poverty. Based on NCCP state survey of welfare reform and related topics conducted October–December 1997.

National Governors' Association. (1997). *Summary of selected elements of state plans for Temporary Assistance to Needy Families as of August 12, 1997.* Washington, DC: National Governors' Association. (Web: http://www.nga.org/Welfare/TANF971120.pdf)

Appendix C

State Investments and Supports for Young Children and Families

Table 3: TANF and other programs to promote adequate income

	Increased Income/Assets for Families Receiving TANF			Other Income Promoting Supports to Low-income Families	
	Families receiving TANF can keep more earnings than under the AFDC program	Families receiving TANF can keep more assets than under the AFDC program	Families receiving TANF are given at least some child support funds collected on their behalf	State provides income supports (i.e., earned income tax and dependent care credits) for eligible low-income families	State reports efforts to provide work/training to noncustodial parents using BBA funds only, state funds only, or combined BBA and state funds
Alabama	Y-Not specified.	Y-$2,000 ($3,000 if family member over age 60)	N	N	N
Alaska	Y-Not specified.	Y-2 cars + $1,000	Y-($50)	N-However, state offers co-pay dependent care assistance.	N
Arizona	Y-$90 + 30% of income.	Y-$2,000	N	N	N
Arkansas	Y-70% of income.	Y-1 car + $3,000	N	N	N
California	Y-Disregards depend on total family income. Families with lower income will have lower disregards and families with higher incomes will have higher disregards.	Y-CalWorks has adopted the resource disregards established by the Food Stamp program and allows for a restricted account up to $5,000.	Y-($50)	N	(BBA + State)
Colorado	Y-Not specified.	Y-1 car + $2,000	N	N	N
Connecticut	Y-100% of FPL.	Y-1 car worth $9,500 + $3,000	Y-($100)	N	(State)
Delaware	Y-Not specified	Y-$5000 for development account.	Y-($50)	N	(State)
District of Columbia	N-Legislation pending.	N-Legislation pending.	N	N	N
Florida	Y-$200 + 50% of income	Y-1 car + $2,000	N	N	(State)
Georgia	Y-Excludes income from work experience programs (i.e., AmeriCorps and Job Corps) + any intermittent income less than $30.	Y-life insurance policies, rental property, household items of unusual value, and development accounts up to $5,000.	Y-(State reports more than $50. Uses fill-the-gap budgeting.)	Y-EITC	(BBA + State)
Hawaii	Y-20% of gross income + $200 of remaining income then 36% of any remainder.	Y-1 car + $5,000	N	N	N
Idaho	N	Y-Not specified.	N	N	N
Illinois	Y-2/3 of income.	Y-1 car + $3,000	Y-($50)	N-State partially funds general assistance to non-TANF families in Chicago.	(BBA)
Indiana	Y-Not specified.	Y-Current recipients: $1,500; applicants $1,000.	N	N	N
Iowa	Y-20% of income.	Y-1 vehicle for each working adult and teenager + $2,000 for applicants and $5,000 for current recipients.	N	Y-EITC	(State)
Kansas	Y-$90 + 40% of income.	Y-1 car	Y-($40)	N	N
Kentucky	Y-Not specified.	Y-1 car + $1,000	N	N	(State)

Y Yes — FPL Federal poverty line — DCC Dependent Care Credit

N No — EITC Earned Income Tax Credit — BBA Balanced Budget Act of 1997

Sources: National Center for Children in Poverty. Based on NCCP state survey of welfare reform and related topics conducted October–December 1997.

Appendix C

State Investments and Supports for Young Children and Families

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Louisiana	Y-increase in standard deduction to $120 and an earned income deduction of $900 6 months total.	Y- $2,000	N	N	N
Maine	Y-$150 + 50% of income or $134 + 20% disregard.	Y-$2,000	Y-(State reports more than $50. Uses fill-the-gap budgeting.)	N	N
Maryland	Y-20% of income for new applicants. $200 allowance for child care ($100 if working less than 100 hr./month).	Y-1 car + $2,000	N	Y-EITC + DCC	(BBA + State)
Massachusetts	Y-$30 + 50% of income.	Y-$2,500	Y-($50)	Y-EITC	(BBA)
Michigan	Y-$200 + 20% of income.	Y-Not specified.	Y-($50)	N	(State)
Minnesota	Y-120% of FPL.	Y-1 car worth $7,500 + for applicants: $200; for current recipients: $5,000.	N	Y-EITC + DCC	(BBA + State)
Mississippi	Y-Not specified.	N	N	N	N
Missouri	N	Y-Not specified.	N	N	(BBA + State)
Montana	Y-Pathways Program: $200 per child for child care, $200 for work expenses, 25% of remaining income and a standard utility allowance. For the Community Service Program: $1,000 for work expenses and $200 per child for child care.	Y-1 car + $3,000	N	N	(BBA + State)
Nebraska	Y-A higher standard of need was established for all employed TANF recipients.	Y-1 car + $6,000	N	N	N
Nevada	Y-Disregards 100% of income for 3 months; 50% for 9 months; and $90 or 20% of income, whichever is greater, for remaining time on TANF.	Y-1 car + $2,000	Y-($75)	N	(State)
New Hampshire	Y-50% of income	Y- $2000.	N	N	(State)
New Jersey	Y-100% of income first full month of employment.	Y-1 car worth $9,500 + $3,000 + value of life insurance.	Y-($50)	N	(State)
New Mexico	Y- $150 of income + 50%.	Y-1 car worth $2,000 + $1,500	N	Y-EITC + DCC	N
New York	Y-42% of income.	Y-$2,000 or $3,000 if family member over age 60.	Y-($50)	Y-EITC + DCC	N
North Carolina	N	Y-1 car worth $5,000 + $3,000	N	N	N

Y Yes — FPL Federal poverty line — DCC Dependent Care Credit

N No — EITC Earned Income Tax Credit — BBA Balanced Budget Act of 1997

Sources: National Center for Children in Poverty. Based on NCCP state survey of welfare reform and related topics conducted October–December 1997.

STATE INVESTMENTS AND SUPPORTS FOR YOUNG CHILDREN AND FAMILIES

Table 3: TANF and other programs to promote adequate income

	Increased Income/Assets for Families Receiving TANF			Other Income Promoting Supports to Low-income Families	
	Families receiving TANF can keep more earnings than under the AFDC program	Families receiving TANF can keep more assets than under the AFDC program	Families receiving TANF are given at least some child support funds collected on their behalf	State provides income supports (i.e., earned income tax and dependent care credits) for eligible low-income families	State reports efforts to provide work/training to noncustodial parents using BBA funds only, state funds only, or combined BBA and state funds
North Dakota	Y-Not specified.	Y-1 car + $5,000 for 1 person. $8,000 for households of 2 or more.	N	N	N
Ohio	Y-$250 + 50% of income for up to 18 months. Also, average cash benefits increased 6%.	Y-$10,000 in liquid assets.	N	N	(BBA + State)
Oklahoma	Y-$120 and 50% of income.	Y-equity in car to $5,000.	N	N	N
Oregon	Y-50% of income.	Y-$10,000 if progressing in a self-sufficiency plan or JOBS Plus Agreement. For applicants: $2,500.	N	Y-EITC + DCC	(State)
Pennsylvania	Y-50% of income.	Y-1 car + life insurance, most education assistance, and savings in an individual development account.	Y-($50)	N-General Assistance Program for non-TANF families.	(BBA)
Rhode Island	Y-$170 + 50% of income.	Y-1 car worth $4,650.	Y-($50)	N	(State)
South Carolina	N	Y-1 car + $2,500 + $10,000 development account.	Y-(About 2/3 of child support collected goes to family.)	N	(BBA + State)
South Dakota	Y-$90 + 20% of income.	Y-$2,000	N	N	(State)
Tennessee	N	Y- $2,000 + $5,000 development account.	Y-(State reports more than $50. Uses fill-the-gap budgeting.)	N	(State)
Texas	N	Y-Any car worth less than $4,650 + $2,000 ($3,000 if aged or disabled)	Y-($50)	N	N
Utah	Y-$100 + 50% of income.	Y-1 car worth $8,000 + $2,000	N	N	(State)
Vermont	Y-$150 + 25% of income.	Y-1 car + any savings from earnings + any assets purchased with savings from earnings.	Y-($50)	Y-EITC. Also homeowner and renters rebates.	(BBA + State)
Virginia	Y-100% of FPL.	Y-$5,000 for education or purchase of a home.	Y-($50)	N	N
Washington	Y-50% of income.	Y- $3,000 + $1,000 in non-exempt resources + $5,000 development account.	N	N	(State)
West Virginia	Y-40% of income.	Y-1 car + $2,000	N	N	N
Wisconsin	Y-115% of FPL.	Y-1 car worth $10,000 + $2,500 + equity of 1 home as primary residence.	Y-(Entire child support collected is sent to family and counted as earnings.)	Y-EITC	(State)
Wyoming	Y-$200 of income for regular TANF recipients and $400 for two-parent couples in the POWER program.	Y-1 car worth $12,000 for single parent or 2 cars of combined worth of $12,000 for two-parent families + $2,500	N	N	(State)
Total	44	49	21	10	29

Y Yes FPL Federal poverty line DCC Dependent Care Credit

N No EITC Earned Income Tax Credit BBA Balanced Budget Act of 1997

Sources: National Center for Children in Poverty. Based on NCCP state survey of welfare reform and related topics conducted October–December 1997.

APPENDIX D

ESTIMATED STATE SPENDING ON COMPREHENSIVE PROGRAMS REPORTED IN *MAP AND TRACK '98*, WITH NUMBER OF YOUNG CHILDREN AND YOUNG CHILD POVERTY RATE, BY STATE, 1992–1996

	Estimated state spending*	Poverty rates for children under age six**	Total number of children under age six**
U.S.A.		**24.7**	**23,827,204**
States with spending between $0–$1 million			
Alabama	$500,000 (p)	25.9	390,292
Idaho	NA	21.7	103,016
Mississippi	$600,000 (p)	35.5	243,200
Nebraska	$500,000 (p)	18.7	157,568
New Hampshire	$500,000	11.9	103,215
New Mexico	$800,000	34.0	170,793
North Dakota	$0	17.3	49,905
South Dakota	$0	21.9	61,295
Wyoming	$0	19.4	39,788
States with spending between $1–$10 million			
Alaska	$6,810,000	13.8	63,469
Arkansas	$10,000,000	27.0	222,046
Delaware	$3,700,000	15.3	57,297
Hawaii	$7,300,000	18.3	103,648
Indiana	$5,600,000	21.5	549,748
Kansas	$2,750,000	20.2	248,334
Louisiana	$3,250,000	40.6	389,800
Maine	$3,180,000	22.4	87,170
Montana	$2,000,000	25.9	77,160
Pennsylvania	$2,400,000	18.4	976,732
Rhode Island	$6,000,000	20.4	74,879
Tennessee	$3,600,000	27.8	443,652
Utah	$5,200,000	11.4	231,845
Vermont	$3,800,000	13.3	56,502
West Virginia	$5,500,000	40.0	119,935
Wisconsin	$6,900,000	16.2	452,219
States spending between $10–$50 million			
Arizona	$24,500,000	28.9	430,433
Colorado	$29,600,000	17.2	323,119
Connecticut	$50,000,000	24.0	280,726
Florida	$13,200,000	26.6	1,179,706
Iowa	$12,000,000	17.1	264,617
Maryland	$20,300,000	18.6	508,369
Missouri	$26,000,000	23.9	426,772
Nevada	$13,100,000	16.6	125,914
Oklahoma	$14,800,000	32.0	288,395
Oregon	$46,300,000	20.1	256,487
South Carolina	$25,600,000	24.0	311,445
Virginia	$29,000,000	17.4	530,930
Washington	$32,800,000	18.4	483,589
States with spending between $50–$100 million			
Kentucky***	$78,400,000	29.4	306,544
Massachusetts	$75,700,000	16.6	507,916
Michigan	$72,000,000	25.7	876,795
Minnesota	$66,800,000	17.2	396,345
North Carolina	$91,000,000	24.6	586,772
States with spending over $100 million			
California	$130,400,000	29.0	3,280,726
Georgia	$211,300,000	23.7	641,174
Illinois	$130,500,000	24.3	1,120,426
New Jersey	$290,000,000	15.4	698,922
New York	$101,000,000	28.8	1,615,424
Ohio	$245,300,000	23.1	969,149
Texas	$242,000,000	30.3	1,889,967

* Source: State spending amounts estimated from information provided to NCCP by the states on comprehensive programs for young children, as reported in Chapter 4.

** Source: National Center for Children in Poverty. Based on data from the U.S. Bureau of the Census, March Current Population Survey, 1993–1997.

*** Includes funding of youth resource centers.

(p) States funding only pilot programs.

APPENDIX E

STATE-BY-STATE CONTACTS

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APPENDIX E

STATE-BY-STATE CONTACTS

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APPENDIX E

STATE-BY-STATE CONTACTS

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APPENDIX F

GLOSSARY

Note: The terms described below are frequently used in Map and Track '98 and other publications discussing welfare changes in states and communities.

AFDC—Aid to Families with Dependent Children
Aid to Dependent Children (ADC), established by the Social Security Act of 1935, was a cash grant program enabling states to assist children who had no fathers and were in need. It was renamed Aid to Families with Dependent Children (AFDC) in 1965. This program provided public assistance for children in need and their mothers or other caregiver relatives in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Children were eligible if they had been deprived of parental support or care because their single mother or father was either continuously absent from home, incapacitated, unemployed, or deceased. Changes in 1988 mandated federal cash supplements to two-parent households in which one parent's unemployment created such a need. The entitlements to cash assistance for low-income families and individuals under the AFDC program ended with the enactment of P.L. 104-193 on August 22, 1996.

EITC—Earned Income Tax Credit
The Earned Income Tax Credit is a refundable tax credit available to low-income workers. If the amount of the credit exceeds tax liability, the excess is payable directly to the taxpayer. For the 1997 tax year, the maximum credit a family can receive is $3,656 for those with incomes between $9,140 and $11,930. The credit will phase out at $29,290 for families with more than one child.

EA—Emergency Assistance Program
The Emergency Assistance Program, along with AFDC comprised Title IV-A of the Social Security Act. EA provided 50 percent federal matching funds to states for emergency assistance to families with children facing destitution or homelessness for a 30 consecutive-day period in any one year. The EA program was eliminated with the passage of P.L. 104-193 in August 1996.

Food Stamps
This federally funded program is designed to provide low-income households with sufficient food purchasing power to sustain a nutritionally adequate diet. The cost of this minimal diet is based on the Department of Agriculture's computation of the "Thrifty Food Plan." The Food Stamp Program is designed to provide food purchasing power equal to the difference between the cost of this food plan and 30 percent of the income of the household. P.L. 104-193 eliminates most food stamp benefits to legal aliens and sets more strict income, age, employment, and training guidelines for recipients.

Head Start
A federal program, begun in 1965, that provides educational, social, nutritional, and medical services to low-income preschool children, ages 0–5. Children from low-income families fill 90 percent of the program slots, with 10 percent reserved for children with disabilities. The program is overseen by the Head Start Bureau in the U.S. Department of Health and Human Services, but administered by individual Head Start agencies at the local level. Head Start emphasizes involving parents as volunteers and as paid Head Start staff members.

JOBS—Job Opportunities and Basic Skills Training Program
This program, established under the Family Support Act (FSA) of 1988, and eliminated with the passage of P.L. 104-193, required states to educate, train, and employ welfare families. This program replaced the Work Incentive (WIN) program and consolidated other welfare-to-work provisions, such as the Job Training Partnership Act (JTPA). The FSA mandated that AFDC parents with children ages three and older participate in JOBS or approved employment and training activities. Parents with children under age six were required to participate for 20 hours per week.

MOE—Maintenance of Effort
Maintenance of Effort under the new welfare law requires that a state maintain a certain percentage of its historic level of spending on specified programs (usually 75 percent of what the state spent in FY 1994 on AFDC, JOBS, EA, and AFDC-linked child care) or they risk losing a proportion of TANF funds. Spending on families eligible for family assistance benefits or on families otherwise eligible if not for their alien status or reaching time limits can count as MOE.

P.L. 104-193—The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
The Personala Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) became law on August 22, 1996. It replaces the AFDC, EA, and JOBS programs with the TANF block grant. P.L. 104-193 also denies SSI and food stamps to legal immigrants, changes the eligibility requirements for SSI, increases state and federal monitoring requirements for child support enforcement, and provides cash incentives to states to help decrease the number of out-of-wedlock births. TANF also reauthorizes the Child Care and Development Block Grants.

SCHIP—State Children's Health Insurance Program
In 1997, The Balanced Budget Act of 1997 (P.L. 105-33) established Title XXI of the Social Security Act—the State Children's Health Insurance Program (SCHIP). It will grant states $48 billion over 10 years to use for insuring children, either through Medicaid expansions, a separate state program, or a combination of these approaches. Targeted will be uninsured children whose family incomes are over the Medicaid eligibility level but not high enough to afford private health insurance coverage. In addition, P.L. 104-193 authorized an allotment of $500 million in federal Medicaid matching funds to the states for administrative activities to prevent children and parents from losing Medicaid coverage as a result of welfare reform. Both programs include funding for outreach and enrollment activities.

TANF—Temporary Assistance to Needy Families
Temporary Assistance to Needy Families Block Grant, one of two block grants created by P.L. 104-193, eliminates the federal entitlement to welfare benefits for needy families, and gives most states a grant of funds, based on their welfare program spending in fiscal year 1994, to administer their own welfare programs. TANF replaces the former welfare programs AFDC, EA, and JOBS, with fifty-state designed welfare programs that must be implemented by July 1, 1997. TANF funds place strict requirements on families receiving benefits, including five-year time limits for receiving cash benefits, strict work requirements for single and two-parent families, MOE criteria, limits on benefits to teenage parents, incentives to reduce the adolescent pregnancy rate, performance bonuses for rewarding work and reducing out-of-wedlock births, and limits on benefits to those convicted of drug-related crimes.

TCC—Transitional Child Care
The Transitional Child Care Assistance program was a federal, AFDC-linked child care subsidy program. It was eliminated with the passage of P.L. 104-193 in August 1996. It required states to guarantee up to 12 months of child care to a family who lost AFDC eligibility due to reasons related to employment.

WIC—The Special Supplemental Food Program for Women, Infants, and Children
The Special Supplemental Food Program for Women, Infants and Children provides nutritional screening and food assistance to low-income pregnant and postpartum women and their infants and children up to age five. Participants in the program must have incomes at or below 185 percent of the federal poverty line, and must be nutritionally at risk.

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